

1952



# FLORIDA STATE BOARD OF HEALTH

1952

**ANNUAL REPORT**

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# *Annual Report*

## **State Board of Health**

*State of Florida*

# **1952**

The following statistical reports will be published separately:

SUPPLEMENTAL I — FLORIDA VITAL STATISTICS, 1952

SUPPLEMENTAL II — FLORIDA MORBIDITY STATISTICS, 1952

WILSON T. SOWDER, M.D.

STATE HEALTH OFFICER  
JACKSONVILLE, FLORIDA

*The Honorable* HERBERT L. BRYANS, M.D., President  
Florida State Board of Health  
Pensacola, Florida

Dear Dr. Bryans:

I herewith submit the annual report of the Florida  
State Board of Health for the year ending December  
31, 1952.

Sincerely yours,  
WILSON T. SOWDER, M.D.  
State Health Officer

May 1, 1953  
Jacksonville, Florida

*His Excellency,* DAN McCARTY  
Governor of Florida  
Tallahassee, Florida

Sir:

I beg to hand you herewith a report of the Florida  
State Board of Health for the period January 1, 1952,  
to December 31, 1952, inclusive.

Respectfully submitted,

HERBERT L. BRYANS, M.D.  
President

May 1, 1953  
Pensacola, Florida



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Members of the  
**FLORIDA STATE BOARD OF HEALTH**

HERBERT L. BRYANS, M.D., *President*  
Pensacola

T. M. CUMBIE, Ph.G.  
Quincy

ROBERT B. McIVER, M.D.  
Jacksonville

EDWARD L. FLYNN, D.D.S.  
Tampa

ALBERT L. WARD, M.D.  
Port St. Joe

**OFFICIAL STAFF FLORIDA STATE BOARD OF HEALTH**

*December 31, 1952*

State Health Officer.....Wilson T. Sowder, M.D., M.P.H.

**DIRECTORS**

Bureau of Local Health Service.....George A. Dame, M.D.  
Division of Public Health Nursing.....Ruth E. Mettinger, R.N.  
Field Training Center.....Frank M. Hall, M.D., M.P.H.  
Field Technical Staff.....James L. Wardlaw, Jr., M.D., M.P.H.  
Bureau of Dental Health.....Floyd H. DeCamp, D.D.S.  
Bureau of Preventable Diseases.....Lorenzo L. Parks, M.D., M.P.H.  
Division of Venereal Disease Control.....William A. Walter, M.D., M.P.H.  
Division of Industrial Hygiene.....John M. McDonald, M.D.  
Division of Cancer Control.....Lorenzo L. Parks, M.D., M.P.H., Acting  
Public Health Veterinarian.....James E. Scatterday, D.V.M., M.P.H.  
Bureau of Tuberculosis Control.....Clarence M. Sharp, M.D.  
Division of Heart Disease Control.....Simon D. Doff, M.D., M.P.H.  
Bureau of Laboratories.....Albert V. Hardy, M.D., Dr. P.H.  
Miami Regional Laboratory.....Dwight E. Frazier  
Orlando Regional Laboratory.....Max T. Trainer  
Pensacola Regional Laboratory.....Emory D. Lord, Jr.  
Tallahassee Regional Laboratory.....Robert A. Graves  
Tampa Regional Laboratory.....H. D. Venters  
Bureau of Maternal and Child Health.....Robert W. McComas, M.D., M.P.H.  
Mental Health.....Robert W. McComas, M.D., M.P.H.,  
Acting  
Bureau of Sanitary Engineering.....David B. Lec, M.S. Engineering  
Division of Entomology.....John A. Mulrennan, B.S.A.  
Bureau of Vital Statistics.....Everett H. Williams, Jr., MS Hyg.  
Bureau of Finance and Accounts.....Fred B. Ragland  
Personnel Supervisor.....Paul T. Baker  
Purchasing Agent.....G. Wilson Baltzell  
Division of Health Information.....Elizabeth Reed, R.N., B.S.  
Division of Nutrition and Diabetes  
Control .....Edward R. Smith, M.D.  
Bureau of Narcotics.....Marshall H. Doss, Ph.G.

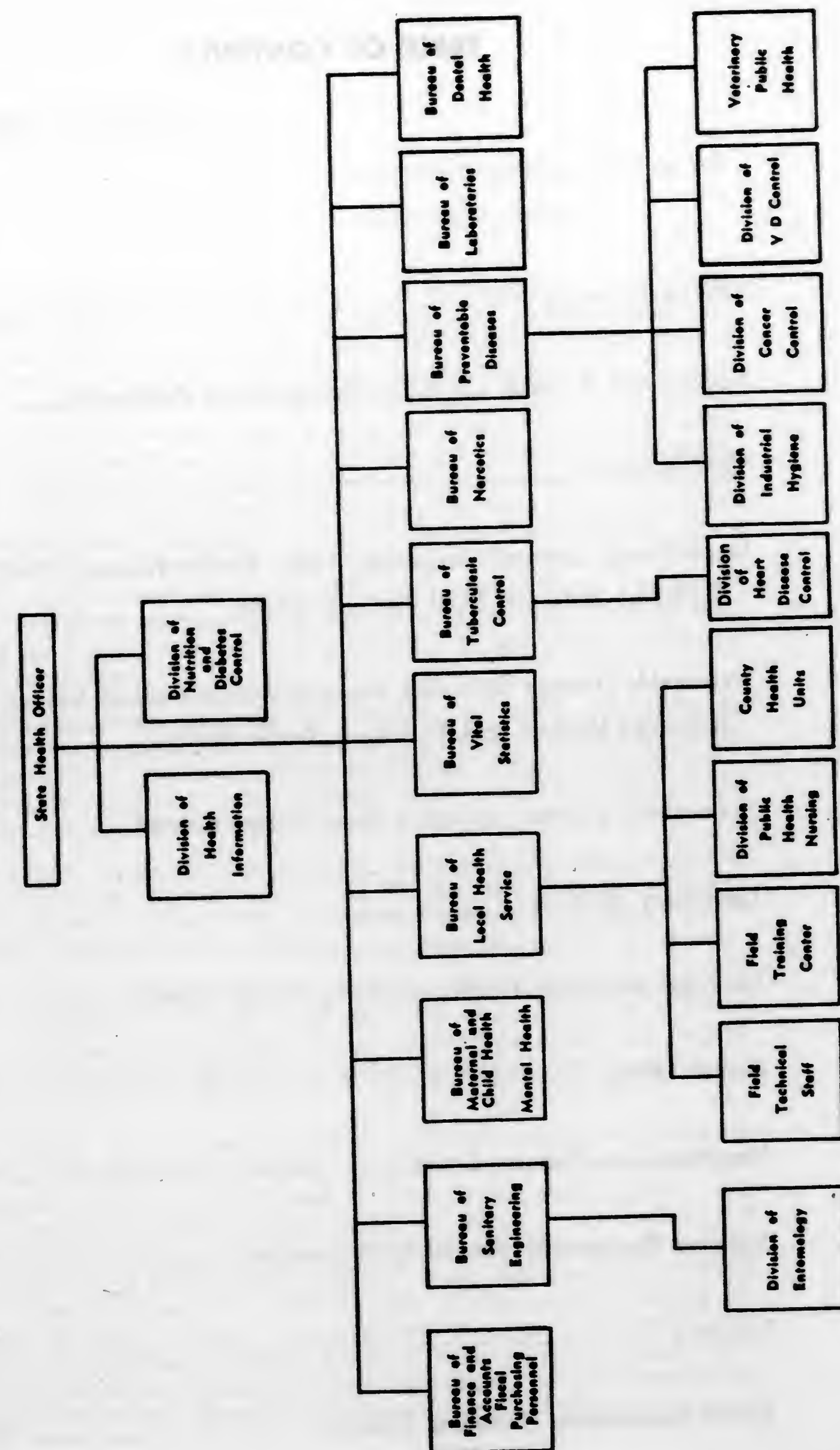
# COUNTY HEALTH OFFICERS

(As of December 31, 1952)

Alachua .....	Frank M. Hall, M.D., M.P.H.
Baker - Nassau .....	John W. McClane, M.D.
Bay .....	Albert F. Ullman, M.D.
Bradford - Clay - Union .....	A. Y. Covington, M.D., M.P.H.
Brevard - Osceola .....	James F. Speers, M.D.
Broward .....	Paul W. Hughes, M.D., M.P.H.
Calhoun - Gadsden - Liberty .....	John L. Lincoln, M.D.
Charlotte - DeSoto - Hardee .....	Robert E. Rice, M.D.
Citrus - Levy - Hernando .....	Harold F. Bonifield, M.D.
Collier - Lee .....	Merwin E. Buchwald, M.D.
Columbia - Gilchrist - Hamilton .....	Joseph C. Weeks, M.D.
Dade .....	T. E. Cato, M.D., M.P.H.
Dixie - Lafayette - Suwannee .....	E. H. John, M.D.
Duval .....	Thomas E. Morgan, M.D., M.P.H.
Escambia - Santa Rosa .....	John C. McSween, M.D.
Flagler - Putnam .....	Charles J. Mathes, M.D.
Franklin - Gulf - Wakulla .....	Terry Bird, M.D., M.P.H.
Glades - Hendry - Highlands .....	James O. Bond, M.D.
Hillsborough .....	Frank V. Chappell, M.D., M.P.H.
Holmes - Okaloosa - Walton .....	R. N. Nelson, M.D.
Indian River - Martin - Okeechobee -	
St. Lucie .....	Ben. F. Wyman, Jr., M.D.
Jackson - Washington .....	Henry I. Langston, M.D.
Jefferson - Madison - Taylor .....	John D. Cross, M.D.
Lake .....	J. Basil Hall, M.D., M.P.H.
Leon .....	Joseph M. Bistowish, M.D., M.P.H.
Manatee .....	John S. Neill, M.D.
Marion .....	Luther A. Brendle, M.D.
Monroe .....	Raymond J. Dalton, M.D.
Orange .....	Leland H. Dame, M.D.
Palm Beach .....	C. L. Brumback, M.D., M.P.H.
Pasco - Sumter .....	Leo L. Burger, M.D.
Pinellas .....	Robert E. Rothermel, M.D., M.P.H.
Polk .....	Chester L. Nayfield, M.D., M.P.H.
Sarasota .....	William L. Wright, M.D., M.P.H.
Seminole .....	Frank L. Quillman, M.D.
Volusia .....	Robert D. Higgins, M.D., M.P.H.

## FLORIDA STATE BOARD OF HEALTH

GOVERNOR OF FLORIDA  
FIVE BOARD MEMBERS





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## GENERAL SUMMARY

WILSON T. SOWDER, M.D. M.P.H.

State Health Officer

The year 1952 was another good year in the annals of public health in Florida. However, the rising cost of supplies, equipment and personnel prevented any expansion of the public health program and in some instances worthwhile work could not be carried on for lack of funds. About twenty-five positions had to remain vacant in the central office and in activities other than those of the county health departments. The Budget Commission agreed to continue the deposit of fees collected by the agency into a special fund for building purposes until June 30, 1953. Permission was also given for the purchase of a part of the block between Pearl and Julia Streets and adjacent to First Street for future building needs. Plans for a new building costing from \$350,000 to \$400,000 to be located in Jacksonville neared completion. The source of funds for the carrying on of our activities during the year were roughly as follows: 23 per cent—Federal, 34 per cent—Local and 43 per cent—State.

Several important organizational changes were made. A health department was organized in Collier County which will operate in co-operation with Lee County. Jefferson County which formerly had a full time health officer was combined under a health officer serving Madison and Taylor Counties.

The Heart Disease Control Program was transferred from the Bureau of Maternal and Child Health to the Bureau of Tuberculosis Control and a Division of Heart Disease Control established. A school health consultant was employed in the Bureau of Maternal and Child Health.

The Rapid Treatment Center for venereal disease at Melbourne was closed and regional prevention and control centers established in Pensacola, Tallahassee, Jacksonville, Tampa, West Palm Beach and Miami. This step saved about \$80,000 per annum of federal funds used for this purpose.

The quality of personnel employed continued to improve during the year. Special difficulty, however, was encountered in the employment of sanitary engineers, dentists and, to some extent, stenographers. The overall turnover of personnel was about 25 per cent. The turnover of sanitarians and public health nurses was considerably less in spite of the fact that it is generally believed that these classifications are poorly paid. Salary increases were given to most of the personnel during the year on the basis of merit and longevity although consideration was given to the constantly increasing cost of living. The training of personnel was continuously encouraged and stimulated not only through the Training Center but through seminars, conferences, short courses and



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stipends for postgraduate work. The morale of the personnel continued to be good. The specifications for sanitarians were changed to require that in the future each applicant have a college degree before employment in this field.

The general health situation in the State was very bright. We had the lowest maternal death rate in the history of the State but the infant death rate went up slightly for the second successive year. The general death rate also was slightly above the lowest recorded, but this can be expected because of the increasing age of the population. There was an unusual incidence of poliomyelitis but the cases were spread out during the year and there was no alarm or disruption of every day life. As the year closed considerable hope for the future control of poliomyelitis was held out by the discovery that gamma globulin will confer temporary immunity when administered at the proper time. The first case of malaria since 1948 contracted in Florida was reported. There was some doubt as to whether this case was contracted in the State. There was an alarming outbreak of anthrax in cattle in the southern part of the State and four human cases occurred, but the outbreak was brought under control although the disease was not eliminated. Many cases of equine encephalomyelitis in horses occurred and one human case developed and eleven other cases of encephalomyelitis were reported which may have been of this type. This disease is known to be transmitted by certain types of mosquitoes and this fact gave additional reason for the expansion of the mosquito control program which is planned. There was an outbreak of vesicular exanthema in swine in several places in the United States but the disease did not occur in Florida. An embargo on the importation of swine and pork was invoked by the State Livestock Sanitary Board. Although the disease does not affect humans, the State Board of Health offered its cooperation in efforts to prevent the disease from occurring in Florida.

The work of the various bureaus and divisions of the State Board of Health was carried on during the year in the usual efficient manner. Most of these were handicapped by the necessity of doing the same job or a greater job with less personnel and less funds.

The Bureau of Finance and Accounts and its sections on Fiscal, Personnel and Purchasing continued their good work. The necessity for numerous budgetary revisions and the necessity of keeping expenditures within our resources constituted a great problem with the Fiscal Section. The Personnel Officer carried on his duties in a very commendable manner and secured compliance with the various requirements of the Merit System, the Board and the various counties. The Purchasing Agent as usual did good work and the purchasing practices and procedures of the State Board of Health were carried on in such a manner as to meet the approval of all concerned.

The work of the Bureau of Vital Statistics continued to increase although it has not been possible to increase the number of personnel proportionately during recent years. However, the quality of personnel

## SUMMARY 3

employed has vastly improved in the past few years. There are now three well qualified statisticians on duty whereas only a few years ago there were none. During the year the Board of Health, after many negotiations with funeral directors, adopted new regulations on the handling and disposal of dead human bodies.

The Bureau of Local Health Service has done especially well in the recruitment of physicians. The transfer of the Field Technical Staff to this Bureau has simplified and coordinated relations with the county health departments. The appointment of a young and well trained physician, Dr. James Wardlaw, as director of the Field Technical Staff has done much to revitalize the work of this unit.

The Division of Public Health Nursing played an important role in the recruiting, orienting and training of public health nurses for the county health departments. A good staff of public health nurse consultants played a most important role in the improvement of the quality of work done by the county public health nursing staffs. The number of personnel trained at the Field Training Center at Gainesville was limited because of lack of funds for the purpose. It was necessary, however, for the State Board of Health to discontinue stipends for county employed personnel and to rely on the county health departments to finance this. Some counties were not financially able to do this without great sacrifice.

The Bureau of Preventable Diseases had a very busy year with the numerous programs for which it is responsible. Reference has already been made to the outstanding events in the field of communicable diseases. The Venereal Disease Control Program was operated even more efficiently than in recent years because of our good fortune to have assigned to us Dr. William A. Walter of the United States Public Health Service.

The Division of Industrial Hygiene was handicapped because of the lack of an industrial hygiene engineer but nevertheless did a great number of important investigations.

The Cancer Control Program was handicapped by the lack of adequate funds but was nevertheless able to furnish services to many hundreds of indigent persons with cancer who might otherwise not have received proper treatment.

The work of the public health veterinarian was particularly important during the year because of outbreaks of animal-borne diseases. It is a matter of wonder that the State Board of Health was able until a few years ago to carry on its duties properly without the help of a well qualified person in this field. The return of our milk consultant from a year of postgraduate work has helped to further coordinate the milk inspection program throughout the state.

The number of specimens examined by the Bureau of Laboratories increased and the number of tests done was about one-fourth of a mil-



lion more than were done during the previous year. Increased funds and personnel for this Bureau are a necessity if these annual increases in work continue to occur. During the year a new regional laboratory was set up at the Tuberculosis Hospital at Lantana in cooperation with the City of West Palm Beach and the State Tuberculosis Board.

The death rate from tuberculosis reached an all time low of 16.8 per hundred thousand and the work of the Bureau of Tuberculosis Control in cooperation with the county health departments and the state and local Tuberculosis Associations undoubtedly contributed substantially to this decline. The fact that approximately 400,000 persons received chest X-rays at a cost of around thirty cents each is an outstanding accomplishment. This program also contributes greatly to the discovery of lung tumors and heart defects.

The Heart Disease Control Program was still in its infancy but much important educational work was done and some investigations during the year. Long range plans were made for future efforts in this field.

Although the Bureau of Maternal and Child Health had three different directors during the year a great deal of excellent work was done. Dr. Frances Read resigned in June and Dr. James Wardlaw served as acting director until the appointment of Dr. Ralph W. McComas on October 15. As stated before, the maternal death rate made a remarkable drop. Mental health continued to occupy much of the time of the director and particular efforts were made to collect and use the ideas of all interested persons and organizations and fields throughout this State. Continued efforts were made to recruit a psychiatrist to direct the Mental Health Program and a plan to set up a Division of Mental Health in the Bureau of Maternal and Child Health was approved by the Board when suitable personnel for the new division are recruited. Public interest in the field of mental health was at a high level throughout the year.

The Bureau of Dental Health carried on its usual activities but devoted special attention to promoting the fluoridation of public water supplies. Much opposition to this program developed, not only on religious and legal grounds, but on the basis that such fluoridation may endanger the health of older people. The State Bureau of Health found no grounds for this concern.

The distribution of insulin by the Division of Nutrition and Diabetes Control was further systematized because of the necessity of making the best use of the limited funds for the purpose. Precautions were taken to see that persons who could afford to pay for insulin did not receive the drug free. A check made by an experienced social worker revealed no evidence to the contrary. The competent staff of nutritionists did excellent educational work in the general field of nutrition in addition to helping with the diabetes program and giving advice and assistance to other bureaus and divisions and county health departments.

The volume of work of the Bureau of Sanitary Engineering continued to grow along with the tremendous building program in the State. Special problems were created by the tendency to build new suburban sub-

divisions on land not suited for septic tanks. The water supply problem at Cocoa Beach and vicinity also occupied a great deal of the time and thought of our engineers.

The Bureau of Narcotics carried on its usual good work and due to efforts of our narcotics inspectors (during 1952 and previous years) violations of the laws were at a low level. Investigations in several colleges of the State showed no evidence that our young college students are being tempted to use habit forming drugs.

The Division of Health Information did excellent work during the year not only directly but through assistance given to other bureaus and divisions and the county health departments. The Public Health Library is believed to be one of the best in the country and the distribution of films through our Film Library made an important contribution to the education of the public throughout the state. Also the continued publication of our monthly bulletin HEALTH NOTES no doubt contributed to the better understanding by the public of the health topics covered in it.

#### ACTIVITIES OF THE BOARD

The Board under the direction of Dr. Herbert L. Bryans, President, carried on its usual fine work during the year. In the six meetings that were held the main attention of the Board (as has been the custom in the past) was devoted to the fixing of policies, and administrative problems of major importance. One change in the membership of the Board occurred during the year, Dr. Albert L. Ward of Port St. Joe replacing Dr. Mark F. Boyd of Tallahassee.

The Board held a public meeting at the Floridan Hotel in Tampa on January 18 where various complaints and suggestions were presented by local officials and private citizens. At the business meeting following this, the Board:

1. Decided, upon the recommendation of the Bureau of Sanitary Engineering, not to approve plans for water supply in Cocoa Beach because of the high saline content of the water. They did, however, outline a method by which such approval could be obtained after meeting certain criteria.
2. Discussed the complaint of a private physician in Lakeland about the "free" sign on the diabetes trailer and decided to keep the word "free" on the trailer.
3. Approved of a plan by which employees with thirty years of service would be given an emblem for their long and faithful service.
4. Discussed a request from the Orange County Medical Society that surgical facilities in Orlando be used for indigent children with congenital heart disease and decided that before such a program is undertaken it should be approved by the Florida Heart Association and by the Florida Medical Association.



## 6 ANNUAL REPORT, 1952

5. Passed a resolution of regrets for the untimely death of Mr. Fred Safay, sanitarian, who died January 4, 1952.
6. Approved of an economy program which would save enough funds to permit salary increases on July 1.
7. Had presented to them the results of a study of indigency of cancer and diabetes patients served by the State Board of Health.
8. Approved of the appointment of a fourth part-time investigator in the Bureau of Narcotics for one of the colleges and authorized the purchase of radio equipment for an inspector employed in that bureau.
9. Passed a resolution concerning the sewage systems in the Sanitary Districts of Maryland Manor and Virginia Park in Hillsborough County to the effect that sixty days would be given while efforts to create a more effective sanitary district were explored.
10. Refused to order the Bureau of Sanitary Engineering to approve certain applications for the construction of septic tanks in Hillsborough County.

At a meeting in Jacksonville on February 12 the Board:

1. Further considered the water supply problems at Cocoa Beach and listened to the problems presented by local officials and realtors. The Board, however, decided not to change its present policies and standards until further studies were made.
2. Approved a plan by which the State Board of Health would cooperate with the Florida Public Health Association in meetings to be held throughout the state during 1953 in order to present the legislative program to members of the legislature.

3. Changed the specifications for Stenographer I and II.

At a meeting held in Hollywood, Florida on April 27 the Board:

1. Considered again the sewage problem in Virginia Park and Maryland Manor Sanitary Districts in Hillsborough County and adopted a resolution authorizing the attorney and the State Health Officer to gather further facts and to take the matter to court if necessary.
2. Approved the reorganization of the Bureau of Maternal and Child Health removing the Heart Disease Control program therefrom and making it a Division of the Bureau of Tuberculosis Control.
3. Approved revisions of the specifications for sanitary engineers and increased the salary ranges. Certain other changes in the classifications, specifications and salary ranges of other classes were also approved and also certain salary increases.
4. Approved the awarding of emblems to employees with twenty years service in addition to those previously approved for employees with thirty years service. The twenty year service emblems will be of silver and the thirty year service emblems will be of gold.

## SUMMARY 7

5. Approved a leave of absence for Dr. William R. Stinger so that he could serve as medical director of the Florida Crippled Children's Commission.

6. Adopted new regulations made necessary by an outbreak of anthrax in the state.

At a meeting held on June 1 in Jacksonville the Board:

1. Approved the plans for a new building in Jacksonville and requested that the State Improvement Commission draw up the final plans and ask for bids.

2. Approved certain proposed bills to be presented to the next legislature.

3. Reiterated its long standing policy of favoring full time employment of its personnel and forbade outside employment or salary supplementations by professional employees or others in responsible administrative positions.

4. Met with the County Health Officers and heard recommendations made by that group convened as the Health Officers Conference.

5. Adopted a policy by which physicians when first employed should not be above the age of fifty-five years unless they have had previous experience in public health or the particular speciality in which they are needed.

6. Revised the specifications for sanitarians.

At a meeting held at Ponte Vedra on August 24 the Board:

1. Adopted new rules and regulations governing the transportation, disinterment, and storage of dead human bodies.

2. Heard a description by Dr. Simon Doff, director of the Division of Heart Disease Control, of his program and plans and endorsed the same.

3. Discussed again certain legislative proposals and approved certain bills to be presented to the legislature.

4. Approved a budget to be submitted to the Budget Commission and to the legislature.

5. Approved modifications in the plan for the distribution of insulin.

6. Disapproved a compensation plan for Merit System employees because the salary ranges proposed were much higher than those existing in the State Board of Health.

7. Approved the appointment of Mrs. Avery Guyton of Jacksonville on the Merit System Council.

8. Approved certain changes in specifications for personnel and certain salary ranges.

9. Approved the attendance by the State Health Officer and Mr. John Mulrennan at the First Inter American Congress on Public Health in Havana, Cuba, September 26-October 2.



## 6 ANNUAL REPORT, 1952

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3. Changed the specifications for Stenographer I and II.

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7. Approved the appointment of Mrs. Avery Guyton of Jacksonville on the Merit System Council.

8. Approved certain changes in specifications for personnel and certain salary ranges.

9. Approved the attendance by the State Health Officer and Mr. John Mulrennan at the First Inter American Congress on Public Health in Havana, Cuba, September 26-October 2.



10. Disapproved of the county health officers having a separate representative at the legislature but approved of a plan by which the State Health Officer would request their assistance if needed.

11. Approved of a plan for the operation of a regional laboratory at the Tuberculosis Hospital at Lantana in cooperation with the Tuberculosis Board and the City of West Palm Beach.

At a meeting at Pensacola on October 26 the Board:

1. Again discussed the water supply problems of Cocoa Beach with Mr. Thomas Caldwell, superintendent of water of Cocoa Beach.

2. Authorized the State Health Officer to explore the possibility of acquiring property for the State Board of Health across the street from its present headquarters.

3. Discussed certain correspondence between the State Health Officer and the Merit System Director, Mr. Angus Laird.

4. Approved of certain salary increases.

5. Agreed that the State Board of Health should cooperate with the State Livestock Sanitary Board in the control of vesicular exanthema of swine, but should not assume responsibility for such control.

6. Approved the inclusion in the minutes of a paper presented by Dr. W. H. Y. Smith before the Florida Public Health Association entitled "Florida's First County Health Department."

#### Articles by staff members:

1. Sowder, W. T. The fragile male. J. Florida M. A. 38:553-554, Feb. 1952.
2. Sowder, W. T. Recruitment and retention of public health personnel in Florida, 1945-1952. Am. J. Pub. Health 42:1276-1282, Oct. 1952.

## BUREAU OF FINANCE AND ACCOUNTS

FRED B. RAGLAND, Director

The Bureau of Finance and Accounts has the responsibility of all fiscal, personnel, and purchasing and property control matters.

The Bureau is a service organization, handling the business management of the Board. Every effort is made to handle efficiently and expeditiously to the best interests of all Bureaus, Divisions, and County Health Units the payment of salaries, travel expenses, and other obligations; the personnel actions such as recruitment, employment, termination, reclassification, salary changes, leave records, efficiency reports and training records; the purchasing by good business methods; and the control of property.

### FISCAL SECTION

The financial transactions of the State Board of Health for the fiscal year ended June 30, 1952, as reflected by the records of the Bureau, are presented in the condensed tables that follow. These tables are:

Table 1 Summary of Receipts and Disbursements and Balances for the Fiscal Year ended June 30, 1952.

Table 2 Schedule of Operating and Capital Expenses by Public Health Program Activity.  
Schedule of Operating and Capital Expenses by Functional Activity.  
Summary of Total Operating and Capital Expenses by Major Functional Levels.

Table 3 Funds received by County Health Units from State Board of Health and from Local Sources for the Fiscal Year ended June 30, 1952.

Figure I Proposed Budget for Florida State Board of Health Dollar for 1953.

A detailed financial report for the fiscal year ended June 30, 1952, has been prepared and distributed to the Governor, members of the Governor's Cabinet, members of the State Board of Health, and all Bureaus, Divisions and County Health Units of the State Board of Health.

The funds received (or appropriated) for the fiscal year ended June 30, 1952, were from the following major sources:

State Appropriations	\$2,643,537.77	43.7%
From Local Agencies for County Health Units	2,067,581.82	34.2%
From Federal Grants-in-Aid	1,307,434.80	21.6%
From Private Contributions	29,223.46	.5%
<b>TOTAL</b>	<b>\$6,047,777.85</b>	<b>100.0%</b>



## 10 ANNUAL REPORT, 1952

Objectively, the expenditures by the State Board of Health in summary were for:

Personnel Services (Salaries and Professional Fees) .....	\$3,766,509.88	66.0%
Contractual Services (Repairs, Utilities, Travel Expense, Cancer Program—Fees and Hospitalization) .....	932,661.69	16.0%
Commodities (Office, Medical, Laboratory, Mosquito Control, Educational and Food Supplies) .....	679,601.32	12.0%
Current Charges (Rents, Insurance, Merit System Costs, Registrar Fees) .....	119,495.31	2.0%
Capital Outlays (Equipment and Fixed Assets) .....	222,665.36	4.0%
<b>TOTAL</b> .....	<b>\$5,720,933.56</b>	<b>100.0%</b>

In addition to funds reported in the annual financial report and summarized above, certain other funds and services were made available by the Public Health Service of the Federal Security Agency to activities of the Board but were not paid directly to the State Board of Health. They include:

Value of Penicillin and Streptomycin furnished by Public Health Service for the Rapid Treatment Center operation.....	\$ 9,522.00
Value of Public Health Service Personnel on loan to the State Board of Health in Preventable Disease Programs .....	71,503.73
Value of Personal Services and Supplies furnished by Public Health Service (Communicable Disease Center) for Malaria and Typhus activities under the State Board of Health supervision .....	22,638.04
<b>TOTAL</b> .....	<b>\$103,663.77</b>

Fiscal operation followed a budget plan of 115 departmental budgets. These budgets were frequently revised to meet changing situations. The majority of the revisions involved County Health Unit budgets primarily because the fiscal year of the County differs from the fiscal year of the State. At the time County Health Unit budgets were initially prepared, it was not known exactly what local funds would be available in each instance. It was, therefore, necessary to revise a number of the County Health Unit budgets during the year after the availability of funds from County sources was determined.

## FINANCE AND ACCOUNTS 11

### PERSONNEL OFFICE

PAUL T. BAKER

In conformity with the established policy, continued steps were taken during the calendar year 1952 to strengthen the Merit System of personnel administration in the State Board of Health. Careful attention was given to insure that all appointments and terminations were made in accordance with the rules adopted by the Board.

Leave records were developed and maintained and efficiency reports were obtained and recorded.

Records of in-service and post-graduate training of employees were maintained and the application of regulations governing such training was assured. All employees at the main office were encouraged by the Personnel Supervisor to discuss their employment problems, if any, with him. At the prescribed times for consideration by the State Board of Health of salary increases, full information concerning each employee was made available to the Board in order that employees might be treated fairly and equitably.

The payrolls for all employees were prepared in the Personnel Office and forwarded to the State Comptroller for payment. All matters pertaining to the retirement plan were handled promptly.

Prompt action was taken immediately after Merit System examinations to regularize the Merit System status of each provisional employee. Employees were notified promptly upon attainment of permanent status.

During the calendar year our recruiting problems were resolved in a very satisfactory manner. Little difficulty was encountered in filling our requirements although Sanitary Engineers, Dentists and Stenographers were definitely in short supply.

One new County Health Department (Collier) was organized during the year. At the end of the year sixty-six (66) of Florida's sixty-seven (67) counties were organized and operating under the Merit System.

On December 31, 1952, there were 1317 State employees and 19 Federal employees on loan to us. On December 31, 1951, there were 1305 State employees and 19 Federal employees.

During the year there were 385 employments and 373 terminations. The main reasons for terminations included marriage, pregnancy, transfers of husbands from area and acceptance of more profitable employment.



## 12 ANNUAL REPORT, 1952

On December 31, 1952 the Merit System status of State Board of Health employees was as follows:

Permanent and Probational .....	1069
Provisional .....	23
Temporary .....	1
Emergency .....	0
Exempt and Part-time .....	224

TOTAL .....1317

During the year specifications were adopted for 3 new classifications; specifications were revised for 15 classifications; 1 classification was abolished and salary ranges for 5 classifications were revised.

Post-graduate training for one full academic year was completed successfully during 1952 by 4 Health Officers; 3 Public Health Nurses; 1 Sanitary Engineer; 3 Sanitarians; 1 Statistician and 1 Health Field Worker. In addition post-graduate training was given for a period of two and one-half months to 1 Chemist.

## FINANCE AND ACCOUNTS 13

### PURCHASING AND PROPERTY

G. WILSON BALTZELL  
Purchasing Agent

During 1952 the Purchasing Agent received 2,276 purchase requests from the various departments and issued 3,835 purchase orders representing a total of \$606,149.66.

Property records accounting for items of equipment and non-expendable property were brought up to date and all new items acquired during 1952 have been added to the records.

One of the functions of the Purchasing and Property Section is the processing of automobile accident and liability claims. The State Board of Health carries insurance on the automobile fleet for public liability, property damage and comprehensive. The Board acts as self-insurer insofar as collision damage is concerned. During the year the insurance companies settled 5 claims against the State Board of Health for liability and property damage in the amount of \$149.50 and 3 comprehensive claims in the amount of \$54.91.

Since the Board acts as self-insurer for collision coverage, it might be stated that \$1,320.00 was spent for collision repairs to units of the fleet. However, \$487.09 was reimbursed to the State Board of Health by individuals and firms who admitted liability.

Fire insurance on buildings and contents is carried by the State through the office of the State Fire Insurance Commissioner.

### BUILDINGS AND GROUNDS

All Central Office Bureaus and Divisions are located either at the main office at 1217 Pearl Street or in leased space at the General Administration Building in the St. Johns Shipyard, Jacksonville, Florida. The Superintendent of Buildings and Grounds has the responsibility for maintaining and operating the buildings at both locations. Maintenance personnel have carried out their duties efficiently during the year.

The Florida State Improvement Commission, having been designated to act as architect for the State Board of Health in connection with a new \$350,000 building addition, completed during the year preliminary and detailed construction plans for the project. At year end the plans were ready to be placed in the hands of contractors and it is hoped that a construction contract will be let early in 1953.

In planning toward actual construction of the new addition it was realized that our present warehouse would have to be torn down, therefore during December 1952 maintenance personnel constructed at a minimum cost a temporary warehouse just north of the central laboratory. This warehouse will serve during the construction period of the new addition.

### DUPLICATING

This section is a valuable asset and aid to all departments of the State Board of Health. A considerable saving is effected by this section being able to supply the majority of the printing and duplicating needs at costs much less than commercial printing prices.

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**TABLE 1**  
**SUMMARY OF RECEIPTS AND DISBURSEMENTS AND BALANCES**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 1952**  
**RECEIPTS**

<b>FROM STATE FUNDS</b>	
From State Appropriations:	
Salaries .....	\$ 662,444.68
Expenses .....	556,914.44
County Health Units .....	840,665.66
County Mosquito Control .....	350,000.00
Capital Outlay .....	80,000.00
Other:	
Medical Laboratory Fee Fund .....	820.00
Emergency Fund—Mosquito Control .....	80,000.00
Deficiency Fund—Narcotic Division .....	15,000.00
State Board of Health Trust Fund .....	57,692.99
<b>TOTAL STATE FUNDS</b> .....	<b>\$2,643,537.77</b>
<b>FROM FEDERAL GRANT-IN-AID</b>	
Public Health Service:	
Rapid Treatment Center .....	\$ 204,527.92
General Health .....	265,838.00
Venereal Disease .....	272,832.61
Tuberculosis Control .....	131,859.80
Mental Health .....	57,731.40
Cancer Control .....	58,746.00
Heart Disease .....	32,954.00
Water Pollution .....	21,600.00
Children's Bureau:	
Maternal and Child Health .....	261,345.07
<b>TOTAL FEDERAL GRANT-IN-AID</b> .....	<b>\$1,307,434.80</b>
<b>FROM PRIVATE CONTRIBUTIONS</b>	
Commonwealth Fund .....	\$ 449.78
Water Pollution Research .....	19,362.50
Franklin County Marine Laboratory .....	4,411.18
Citrus Canning Waste Research .....	5,000.00
<b>TOTAL PRIVATE CONTRIBUTIONS</b> .....	<b>\$ 29,223.46</b>
<b>FROM LOCAL AGENCIES FOR COUNTY HEALTH UNITS</b>	
Total Receipts .....	\$6,047,777.85
Balance July 1, 1951 .....	749,079.76
<b>Total Receipts and Balances</b> .....	<b>\$6,796,857.61</b>

**DISBURSEMENTS**

<b>OPERATING EXPENSE</b>	
Personal Services:	
Salaries .....	\$3,720,377.82
Professional Services and Consulting Services .....	46,132.06
Contractual Services:	
Coop. Project University of Florida—	
Water Pollution Survey .....	2,750.00
Travel Expenses, including subsistence and lodging .....	477,101.53
Telephone, Telegraph and Postage .....	76,148.14
Utilities .....	26,331.14
Printing, Binding, Photographing and Advertising .....	20,072.97

<b>OPERATING EXPENSE—Continued</b>	
Freight and Express .....	11,179.44
Cleaning, Laundry and Painting .....	15,885.63
Repairs to Building and Equipment .....	63,313.95
Subsistence, Care and Support of Persons .....	208,656.23
Other Contractual Services .....	31,222.66
Commodities:	
Stationery and Office Supplies .....	69,090.13
Chemicals, Laboratory and Mosquito Control Supplies .....	359,042.67
Medical, Surgical and Dental Supplies .....	113,860.05
Gas, Oil and Fuel .....	52,716.48
Cleaning, Laundry, Parts, Fittings and Other Supplies .....	39,750.09
Educational Supplies .....	7,001.21
Food Products .....	38,140.69
Current Charges:	
Rental of Buildings and Equipment .....	47,301.49
Insurance, Dues, Fees, Registration and Bonds .....	53,832.21
Merit System .....	18,361.61
<b>TOTAL OPERATING EXPENSES</b> .....	<b>\$5,498,268.20</b>
<b>CAPITAL EXPENSES</b>	
Office, Household and Mechanical Equipment .....	\$ 43,278.30
Engineering, Medical and Dental Equipment .....	91,741.48
Automotive Equipment .....	73,314.81
Books, Educational and Other Equipment .....	12,073.93
Buildings and Surroundings .....	2,256.84
<b>TOTAL CAPITAL EXPENSES</b> .....	<b>\$ 222,665.36</b>
<b>TOTAL OPERATING AND CAPITAL EXPENSES</b> .....	<b>\$5,720,933.56</b>
<b>NON-OPERATING DISBURSEMENTS</b>	
Transfers to Other State Funds .....	\$ 1,009.75
<b>TOTAL NON-OPERATING DISBURSEMENTS</b> .....	<b>\$ 1,009.75</b>
<b>TOTAL DISBURSEMENTS</b> .....	<b>\$5,721,943.31</b>
<b>BALANCES JUNE 30, 1952</b> .....	<b>1,074,914.30</b>
<b>TOTAL DISBURSEMENTS AND BALANCES</b> .....	<b>\$6,796,857.61</b>

**TABLE 2**  
**SCHEDULE OF OPERATING AND CAPITAL EXPENSES**  
**BY PUBLIC HEALTH PROGRAM ACTIVITY**

Health services to mothers, infants, preschool and school children .....	\$1,091,470.15
Statewide venereal disease control, diagnosis and referral of infectious venereal disease patients to the rapid treatment and prevention and control centers and operation of centers .....	901,882.01
Mosquito and pest control programs, including pest control law enforcement .....	739,541.46
Statewide sanitary engineering and environmental sanitation .....	642,403.63
Statewide tuberculosis control, x-ray surveys and follow-up work .....	513,783.76
Statewide cancer control program .....	218,794.35
Mental Health Program .....	105,885.13
Statewide narcotics, drug, medical practice law enforcement .....	73,759.81
Heart Disease Program .....	71,388.51
Industrial Hygiene Program .....	16,879.74
Other health programs and administration .....	1,345,145.01
<b>TOTAL OPERATING AND CAPITAL EXPENSES</b> .....	<b>\$5,720,933.56</b>



### SCHEDULE OF OPERATING AND CAPITAL EXPENSES BY FUNCTIONAL ACTIVITY

General Administration and miscellaneous .....	\$ 379,330.34
Vital Statistics .....	146,754.75
Health Information .....	52,287.37
Narcotic Enforcement .....	55,644.21
Sanitary Engineering .....	178,224.32
Entomology and Mosquito Control .....	489,116.14
Laboratories .....	372,885.70
Tuberculosis Control .....	118,888.43
Preventable Diseases (excluding Tuberculosis) .....	382,187.11
Chronic Diseases .....	305,548.02
Maternal and Child Health .....	125,123.87
Local Health Service .....	122,550.08
County Health Units .....	2,992,393.22
<b>TOTAL OPERATING AND CAPITAL EXPENSES .....</b>	<b>\$5,720,933.56</b>

### SUMMARY OF TOTAL OPERATING AND CAPITAL EXPENSES BY MAJOR FUNCTIONAL LEVELS

<b>State Level — Organizational Units</b>			
State Funds .....	\$ 973,344.42		
Federal Funds .....	675,722.56		
Private Funds .....	27,399.38	\$1,676,466.36	
<b>State Level — Special Services</b>			
State Funds .....	\$ 665,155.70		
Federal Funds .....	386,918.28	1,052,073.98	
<b>*County Health Units</b>			
State Funds .....	\$ 818,037.82		
Federal Funds .....	262,147.56		
Local Funds .....	1,912,207.84	2,992,393.22	
<b>GRAND TOTAL .....</b>	<b>\$5,720,933.56</b>		

\* Total County Health Units expenditures \$2,992,393.22 represents expenditure of \$1.19 (33c State Funds, 10c Federal Funds, and 76c Local Funds), based on population figure of 2,509,125 served by County Health Units. For comparison with previous years see 1951 Annual Report, Table 2, Page 24 and 1950 Annual Report, Chart 1, Page 16.

**TABLE 3**  
**FUNDS RECEIVED BY COUNTY HEALTH UNITS FROM STATE BOARD OF HEALTH AND FROM LOCAL SOURCES FOR THE FISCAL YEAR ENDED JUNE 30, 1952**

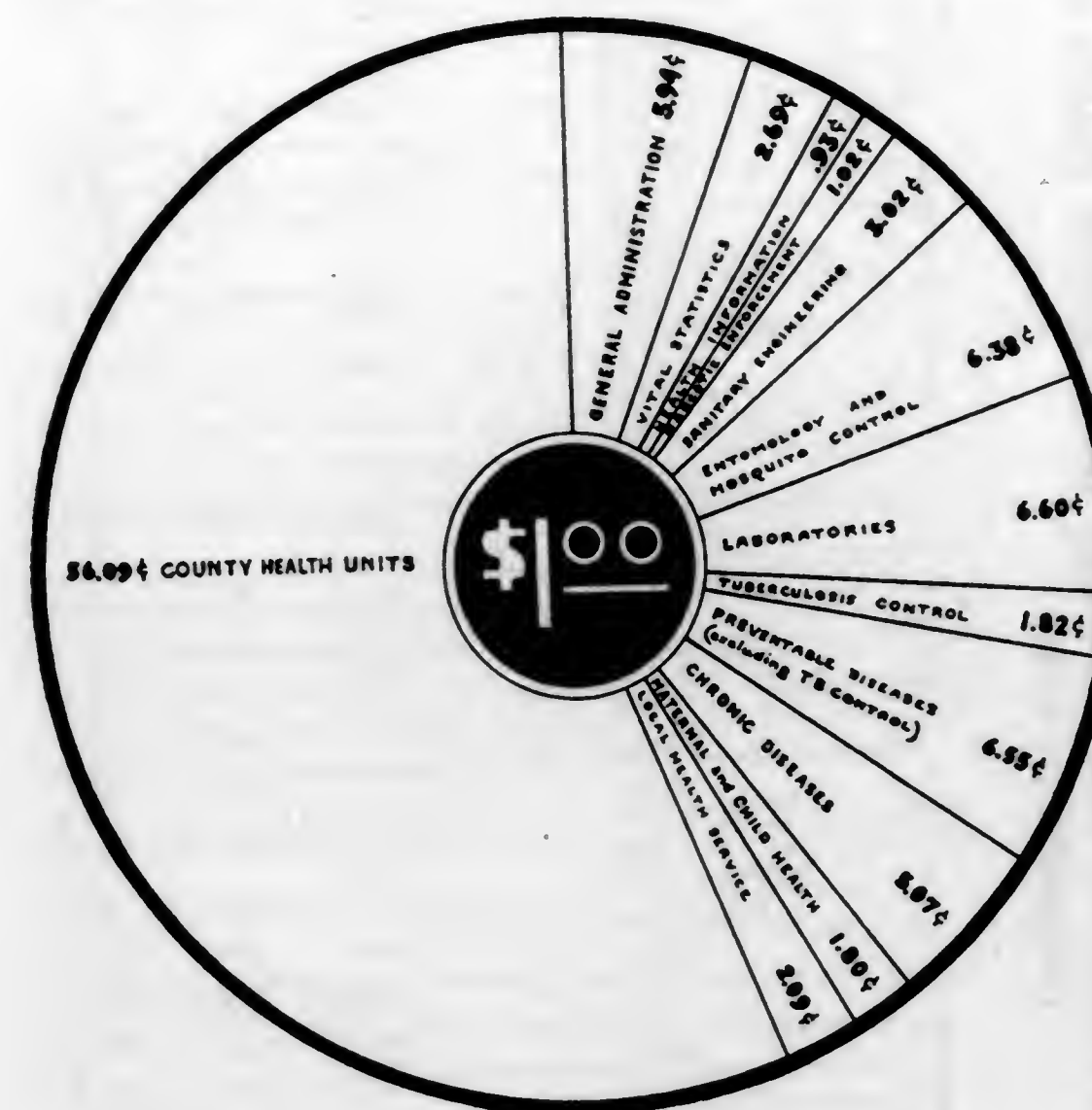
COUNTY	STATE BOARD OF HEALTH			LOCAL FUNDS			FEES & MISC.
	TOTAL	STATE	FEDERAL	TOTAL	COUNTY COMMISSIONERS	BOARD OF PUBLIC INSTRUCT.	CITIES
ALACHUA .....	65,695.09	26,366.73	20,873.32	5,493.41	32,065.00	3,033.29	\$ 6,600.00
BAKER .....	13,790.90	7,916.00	7,916.00	3,265.00	2,799.96	5,874.90	41.65
BAY .....	46,015.16	20,846.00	17,581.00	3,265.00	24,700.00	5,169.16	469.16
BRADFORD .....	19,299.14	10,979.00	10,979.00		4,666.64	1,200.00	2,400.00
BREYARD .....	27,364.68	14,563.00	14,563.00		10,000.00	2,600.00	291.68
BROWARD .....	80,884.45	26,876.20	17,300.00	9,576.20	39,760.00	8,700.00	4,388.25
CALHOUN .....	12,119.00	7,071.00	7,071.00		5,000.00	1,500.00	48.00
CHARLOTTE .....	8,812.25	4,931.00	4,931.00		1,900.00	1,500.00	481.25
CITRUS .....	10,886.86	5,787.00	5,787.00		2,918.36	2,150.00	31.50
CLAY .....	19,829.00	11,432.00	11,432.00		3,890.00	2,400.00	107.00
COLUMBIA .....	19,937.50	12,184.00	12,184.00		6,600.00	900.00	253.50
DADE .....	564,064.51	107,330.00	42,777.00	64,553.00	437,819.50	1,250.00	18,906.01
DESOLO .....	13,794.39	7,229.00	7,229.00		5,232.89	1,400.00	82.50
DIXIE .....	10,961.57	6,336.00	6,336.00		4,200.00	400.00	25.57
DUVAL .....	116,201.17	40,632.00	20,072.00	20,560.00	68,319.25	6,000.00	745.88
FLAGLER .....	7,212.40	3,801.00	3,801.00	6,360.00	38,750.00	1,270.80	22.50
FRANKLIN .....	39,029.42	19,204.00	13,384.00	5,820.00	2,118.10	1,530.00	49.75
GADSDEN .....	8,730.20	5,118.00	5,118.00		3,758.44	3,930.00	945.50
GILCHRIST .....	18,218.19	7,380.00	7,380.00		13,999.92	1,800.00	12.20
GLADES .....	8,359.11	3,935.00	3,935.00		1,800.00	2,924.75	8.25
GULF .....	12,107.50	8,540.00	8,540.00		6,523.86	1,993.75	68.50
HAMILTON .....	16,788.75	8,052.00	8,052.00		4,060.56	1,800.00	73.75
HARDEE .....	10,012.00	5,918.00	5,918.00		4,092.06	1,800.00	31.50
HENDRY .....	21,605.00	12,057.00	12,057.00		9,400.00	1,800.00	50.00
HIGHLANDS .....	18,219.60	10,646.00	10,646.00		287,224.87	3,750.00	33,024.39
HILLSBOROUGH .....	17,506.75	9,778.00	9,778.00		3,750.00	3,000.00	119.75
INDIAN RIVER .....	34,832.00	15,711.00	15,711.00		14,694.00	3,000.00	327.00
JACKSON .....	15,955.78	11,032.00	11,032.00		3,200.00	1,600.00	123.78
JEFFERSON .....	8,692.59	4,978.00	4,978.00		1,950.00	1,741.79	22.80
LAFAYETTE .....	73,237.05	24,434.00	24,434.00		39,833.30	4,966.68	474.75
LEE .....	14,760.34	9,793.66	9,793.66		4,966.68		



TABLE 3—Continued  
FUNDS RECEIVED BY COUNTY HEALTH UNITS FROM STATE BOARD OF HEALTH AND FROM LOCAL SOURCES FOR THE  
FISCAL YEAR ENDED JUNE 30, 1952

COUNTY	STATE BOARD OF HEALTH			LOCAL FUNDS		
	TOTAL FUNDS	TOTAL	STATE	FEDERAL	TOTAL	
LEON	92,187.80	31,512.06	19,254.00	12,258.06	60,875.74	59,078.25
LEVY	17,718.44	10,512.00	7,527.00	2,985.00	7,201.44	3,533.32
LIBERTY	9,208.95	4,719.00	4,719.00		4,489.95	2,562.45
MADISON	18,401.58	11,261.00	11,261.00		7,140.58	3,500.00
MANATEE	35,013.00	18,297.25	15,815.00	2,482.25	16,715.75	16,400.00
MARTIN	12,378.98	21,477.00	18,747.00	2,730.00	17,053.91	17,053.28
MONTGOMERY	35,989.51	6,174.00	6,174.00		6,159.98	6,130.48
MONROE	28,042.90	13,528.00	13,528.00		17,973.51	8,400.00
NASSAU	21,727.84	12,256.00	12,256.00		18,514.90	10,481.15
OKALOOSA	7,950.00	4,487.00	4,487.00		3,445.00	3,445.00
OKEECHOBEE	96,786.29	35,369.34	20,820.00	14,549.34	40,379.20	40,379.20
ORANGE	17,797.15	9,890.00	9,890.00		6,000.00	6,000.00
OSCEOLA	87,770.72	30,221.61	18,770.00	11,451.61	57,549.11	42,440.00
PALM BEACH	16,591.00	10,545.00	10,545.00		6,046.00	6,046.00
PASCO	311,848.82	61,828.20	31,499.18	30,329.02	250,020.62	227,971.16
PINELLAS	101,824.24	96,476.57	23,089.00	13,387.57	64,847.67	58,767.10
POLK	22,032.47	13,638.50	13,638.50		8,398.97	8,168.72
PUTNAM	26,334.06	13,398.00	13,398.00		12,038.55	12,038.55
ST. LUCIE	16,088.92	10,862.00	10,862.00		15,620.00	15,620.00
SARASOTA	33,485.65	17,614.00	14,914.00	2,700.00	16,871.85	16,500.00
SEMINOLE	27,288.35	15,780.00	15,780.00		11,558.35	8,500.00
SUMTER	15,568.19	10,239.00	10,239.00		5,329.19	1,750.00
SUWANNEE	30,661.22	13,861.00	11,191.00	2,670.00	16,818.72	16,818.72
TAYLOR	11,569.00	9,392.00	9,392.00		9,359.06	9,000.00
UNION	182,901.91	37,671.03	36,442.00	2,229.03	85,172.63	85,172.63
VOLUSIA	10,453.10	6,425.00	4,015.00	2,410.00	4,028.10	4,000.00
WALTON	16,490.50	10,139.00	10,139.00		3,200.00	3,200.00
WASHINGTON	16,612.50	10,358.00	10,358.00		8,722.86	720.00
TOTALS	\$ 3,170,395.04	\$ 1,102,813.22	\$ 840,665.66	\$ 262,147.56	\$ 2,087,581.82	\$ 1,762,659.04
						\$ 126,971.17
						\$ 67,576.53
						\$ 110,375.08

## PROPOSED BUDGET FOR FLORIDA STATE BOARD OF HEALTH DOLLAR FOR 1953



TOTAL BUDGETED \$5,965,921

GENERAL ADMINISTRATION AND MISCELLANEOUS	\$354,290
VITAL STATISTICS	\$160,220
HEALTH INFORMATION	55,740
NARCOTIC ENFORCEMENT	60,760
SANITARY ENGINEERING	180,080
ENTOMOLOGY AND MOSQUITO CONTROL	380,400
LABORATORIES	393,815
TUBERCULOSIS CONTROL	109,020
PREVENTABLE DISEASES (including TB control)	390,080
CHRONIC DISEASES	302,770
MATERNAL AND CHILD HEALTH	107,800
LOCAL HEALTH SERVICE	124,400
COUNTY HEALTH UNITS	3,346,546

NOTE—Total funds include State Appropriations \$2,436,842, Federal Grants—in Aid, \$1,301,077, and Local County Health Unit Funds \$2,228,002

TABLE 4  
DISTRIBUTION OF PERSONNEL — STATE BOARD OF HEALTH (OTHER THAN COUNTY HEALTH DEPARTMENTS)  
DECEMBER 31, 1952

Classification	Administration-SHO		Finance and Accounts	Laboratories				Local Health Service				Mat'n'l & Child Health		Preventable Diseases						Sanitary Engineering			Tuberculosis Control		GRAND TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	Dental Health	Fiscal		Personnel	Purchasing and Property	Total	Health Information	Jacksonville	Miami	Orlando	Pensacola	Tallahassee	Tampa	Total	Bureau	Ph Nursing	Field Technical	Staff	Field Training	Total	Bureau	Mental Health	Total	Narcotics		Diabetes and Nutrition Control	Bureau	Cancer Control	Industrial Hygiene	Venereal Disease	Veterinary Public Health	Total	Bureau	County Mosquito Project	Entomology	Total	Bureau	Heart Disease Control	Total	Vital Statistics																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Physicians.....	1						1						1	2	2	1	1	1	1	1	3	5				2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

TABLE 5  
DISTRIBUTION OF PERSONNEL IN COUNTY HEALTH DEPARTMENTS — DECEMBER 31, 1952

Classification	Alachua	Baker	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillborough	Holmes	Indian River	Jackson	Jefferson
Physicians.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Nurses.....	7	1	4	2	3	10	1	1	2	1	2	5	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dentists.....																																
Sanitary Engineers.....																																
Sanitarians.....	1	1	8	1	2	5	1	1	1	1	2	32	1	4	1	6	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
Laboratory Personnel (Professional and Technical).....																																
Health Educators.....	1																															
Medical and Psychiatric Social Workers.....																																
Statisticians.....	1	1	2	1	1	6	2	1	1	1	1	26	1	1	6	5	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Clerical, Administrative and Fiscal.....	2	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Maintenance and Custodial Workers.....																																
Other.....	4	1	1	1	2	1			1	1	1	11	3	1	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Part-time (All Classifications).....																																
Federal Employees.....																																
TOTAL.....	18	3	13	5	9	24	4	2	4	6	2	7	145	3	23	28	2	5	13	2	1	5	4	4	3	2	7	102	6	6	10	4

(a) Serves also Osceola County.  
 (b) Serves also Hernando and Levy Counties.  
 (c) Serves also Bradford and Union Counties.  
 (d) Serves also Gilchrist and Hamilton Counties.  
 (e) Serves also Santa Rosa County.  
 (f) Serves also Gulf and Wakulla Counties.  
 (g) One serves also Calhoun and Liberty Counties.  
 (h) Serves also Charlotte and DeSoto Counties.  
 (i) One serves also Glades and Hendry Counties.  
 (j) One on Educational Leave.  
 (k) Serves also Okaloosa and Walton Counties.  
 (l) Serves also Washington County.



TABLE 5—Continued  
DISTRIBUTION OF PERSONNEL IN COUNTY HEALTH DEPARTMENTS — DECEMBER 31, 1952

Classification	Lafayette	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco	Pinellas	Polk	Putnam	Santa Rosa	Sarasota	Seminole	St. Lucie	Sumter	Suwannee	Taylor	Union	Volusia	Walton	Washington	Total	
Physicians.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	(o)	1	1	1	2	1	1	1	1	1	1	1	50	
Nurses.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	(o)	1	1	1	2	1	1	1	1	1	1	1	292	
Dentists.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	7	
Sanitary Engineers.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	1163	
Sanitarians.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	8	
Laboratory Personnel (Professional and Technical).....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	2	
Health Educators.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	1	
Medical and Psychiatric Social Workers.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	1	
Statisticians.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	42	
Clerical, Administrative and Fiscal.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	50	
Maintenance and Custodial Workers.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	84	
Other.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	8	
Part-time (All Classifications).....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	8	
Federal Employees.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	(o)	1	1	1	1	1	1	1	1	1	1	1	8	
TOTAL.....	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	212	5880

(l)	Serves also Collier County.	One on terminal leave.
(m)	Serves also Collier County.	Serves also Pasco County.
(n)	Serves also Taylor and Jefferson Counties.	Serves also Dixie and Lafayette Counties.
(o)	Serves also Collier County.	One on terminal leave.
(p)	Serves also Taylor and Jefferson Counties.	Serves also Pasco County.
(q)	Serves also Taylor and Jefferson Counties.	Serves also Dixie and Lafayette Counties.
(r)	Serves also Baker County	Serves also Pasco County.

(l) Serves also Collier County.  
(m) Serves also Taylor and Jefferson Counties.  
(n) Serves also Baker County.  
(o) One serves also Flagler County.  
(p) One on Educational Leave.  
(q) One serves also Indian River, Martin and Okeechobee Counties.  
(r) One on terminal leave.  
(s) Serves also Pasco County.  
(t) Serves also Dixie and Lafayette Counties.

## BUREAU OF VITAL STATISTICS

EVERETT H. WILLIAMS, Jr., M.S., Hyg.  
Director

This report contains a brief summary of preliminary totals for statistical data for the year 1952 and also covers the activities of the Bureau of Vital Statistics. Final and more detailed statistical data regarding births, stillbirths, deaths, marriages, and divorces will be published separately as a supplement to this annual report under the title, "Florida Vital Statistics, 1952". Another supplement containing more detailed data concerning reported cases of disease will be published under the title, "Florida Morbidity Statistics, 1952".

## POPULATION

The population estimate for the State of Florida as of July 1, 1952 is 3,006,400 and is divided by race as follows: 2,378,400 white, and 628,000 non-white. Birth and death rates for the year 1952 are based on these figures.

## BIRTHS

There were 74,098 resident births for Florida during 1952 and the rate was 24.6 per thousand population. This is the highest number of births and also the highest birth rate on record for this State. The white birth rate was 22.5 and the non-white rate was 32.9 per thousand population. Table 6 shows the number of resident births and birth rates for this State for the period 1931-1952. Preliminary totals of births by color for all counties and for cities over 10,000 population are shown in Table 7. More detailed data for the year 1952 is not yet available. Final figures for 1951 indicate that 98 per cent of the white and 57 per cent of the non-white births were attended by a physician. A total of 5,820 illegitimate births were recorded during 1951. Of the white births, 2 per cent were registered as illegitimate as compared to 24 per cent for non-white births.

## DEATHS

In 1952 there were 29,197 deaths among residents of this State and the death rate was 9.7 per thousand population. The white death rate was 9.1 and was 24 per cent lower than the colored rate of 11.8 per thousand population. The trend of resident deaths in Florida for the years 1931-1952 are shown in Table 6.

For each of the past three years, the death rate has shown a consistent increase of 0.1 over the preceding year. There are two possible explanations for this increase. One is that the state may be growing more rapidly than we estimated. An under-estimation of the population would cause an over-estimation of the death rate. Another possibility



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is that the increasing death rate is a result of the increasing age of our population. This latter explanation appears more plausible and is substantiated by the fact that almost all of the increase is in those diseases which predominantly cause death in the older age groups.

Deaths by race and a comparison of 1951 and 1952 death rates are shown in Table 9. Heart disease continued to be the leading cause of death and accounted for 34 per cent of all deaths. Other leading causes of death were cancer, cerebral hemorrhage, and accidents.

It is gratifying to note the continued decrease in the tuberculosis death rate. The rate for 1952 was 16.8 as compared to 17.9 per 100,000 population in 1951. Noteworthy improvement was also shown in the maternal death rate where the rate dropped from 1.2 to 0.8 deaths per thousand live births. On the other side of the ledger, the infant death rate increased from 32.9 up to 34.4 deaths per thousand live births.

A preliminary analysis indicates that white infant mortality decreased slightly and there was a 15% increase in the non-white infant death rate. The rise in non-white infant mortality was not confined to any one geographic area since 44 counties showed a higher rate than for the previous year. All age groups under 9 months had an increase in death rates with the greatest increase in those under 1 month. More than half of this increase was caused by pneumonia and postnatal asphyxia and atelectasis. Deaths from postnatal asphyxia and atelectasis were concentrated in the group under four days of age while the pneumonia deaths were predominantly in those ages over 14 days and up to nine months.

Among the acute communicable diseases, decreases were recorded in deaths caused by whooping cough, scarlet fever and streptococcal sore throat and acute infectious encephalitis. There were 39 deaths attributed to poliomyelitis.

Motor vehicle accidents remained about the same as for the preceding year and caused a total of 871 resident deaths. Other accidents decreased slightly and accounted for 1147 deaths. Principal causes for other accidents were falls, fires, drownings, and aircraft accidents. Accidental deaths are the fourth leading cause and constitute a serious problem in Florida. The continuous high level of accidental mortality in this State can be observed in Figure 2.

### MARRIAGES AND DIVORCES

There were 26,956 marriages in Florida during 1952; 219 fewer than in 1951. The marriage rate was 17.9 persons married per thousand population. The marriage rate for white persons was 18.0 and non-white rate was 17.7. More detailed marriage data according to age, race, place of residence, and previous marital status will be published in the Vital Statistics supplement to this report. 1951 data showed that 88 per cent of the grooms and 92 per cent of the brides listed a Florida address at the time of application for a marriage

## VITAL STATISTICS 25

license. In 1951, the median age at marriage for brides was 23.7, for grooms 26.9. It was the first marriage for 62 per cent of the brides and 64 per cent of the grooms.

There were 20,447 divorces and annulments granted in Florida during 1951, an increase of 1772 over the previous year. The divorce and annulment rate was 13.6 persons per thousand population. Data on divorces by race and age are not available in this State. It is hoped that this information can be obtained in the near future.

### ACTIVITIES

The addition of an electronic statistical tabulating machine has increased the speed, efficiency and scope of our statistical tabulations. Statistical data from the cancer central registry has been transferred to punch cards and this bureau has taken over the task of tabulating this information. Much data is now available for analysis which could not have been produced under the previous system.

Additional tables were added to the Vital Statistics Annual Report for 1951 and the same data will be included in the 1952 report. Principal additions were tables of neonatal deaths (infants under 28 days) according to cause of death and age at death. Tabulations have been made of birth weights for all children born in the State. Neonatal deaths are being matched with birth records in order to study the effect of birth weight in connection with cause of death and length of life. Considerable work has been done on a study on cause of stillbirths occurring in Florida and some results will be published in the coming year.

The work load of this bureau has continued to increase. A comparison of the volume of some of our major activities for the past two years is shown in Table 13. A particularly large percentage increase was noted in number of delayed birth certificates filed and number of adoption decrees received for processing. There was a decrease in the number of free searches requested. This decrease was almost entirely in number of searches made for veterans. Free searches and certifications are made for veterans and certain state and federal agencies which need verifications for official purposes. Free searches during 1952 were as follows: Veterans—4952, Welfare Boards—7839, Army and Navy—4100, F.B.I.—728, Others—1643.

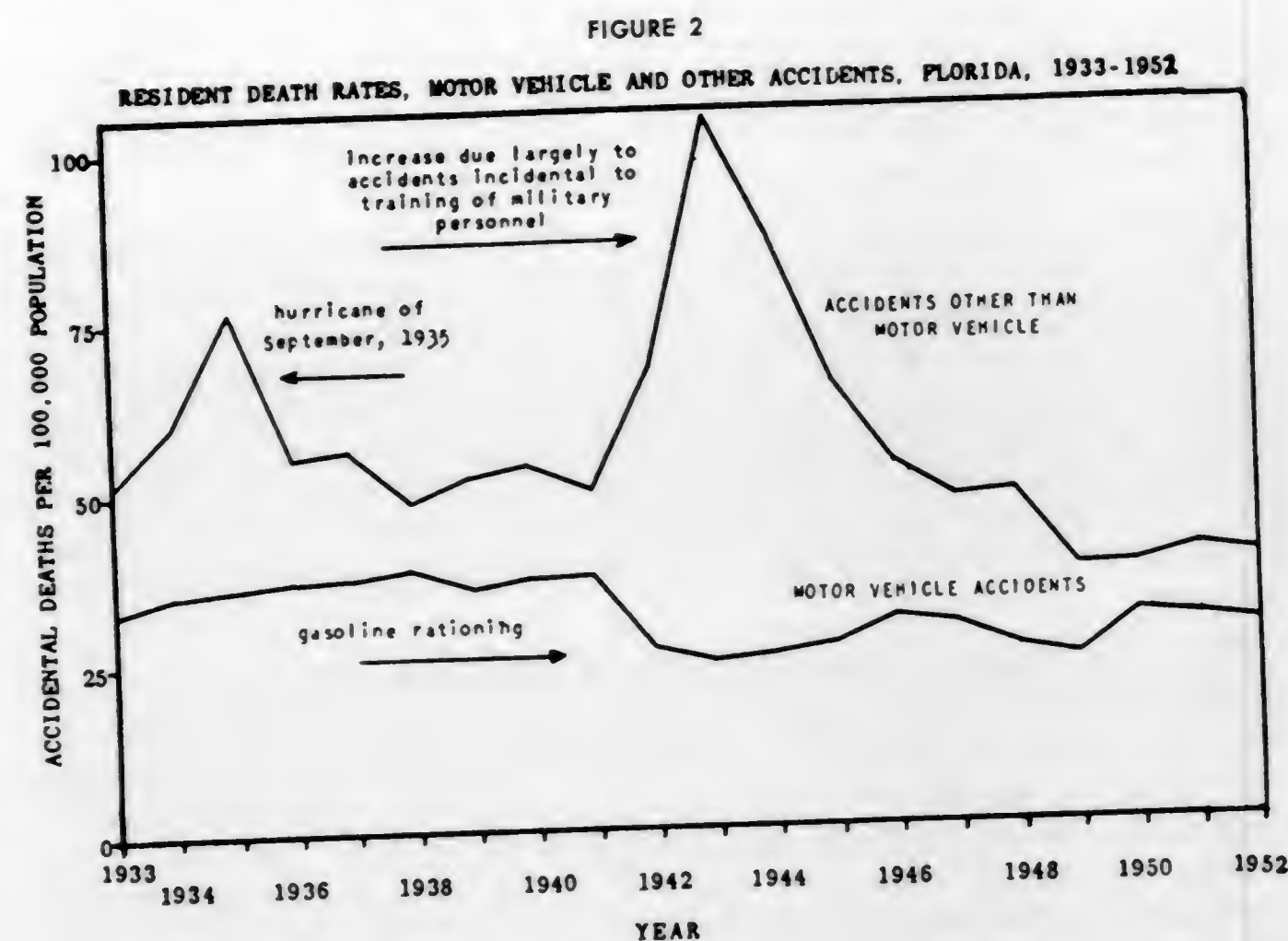
The policy of issuing a "Vital Statistics Scoreboard" which compares the efficiency of birth and death registration among the various counties was started at the first of the year. These tabulations were made and distributed after each four month period during the year. Its purpose is to improve the promptness and completeness of vital statistics registration in this State.

A consolidated "Vital Statistics Scoreboard" for the year 1952 is shown as Table 12. Counties are listed in order of rank showing their relative efficiency in birth and death registration. The two columns



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showing per cent of certificates filed on time are a measure of how well the local registrars have secured complete and prompt registration of births and deaths from the attendant at birth and the funeral director. The two columns showing per cent of complete certificates are a measure of how well the local registrar has checked certificates filed with him before forwarding them to Jacksonville. The column showing per cent of monthly reports submitted on time shows the proportion of monthly reports forwarded by the local registrar on the 5th of each month. Those counties near the top of this scoreboard are to be commended on their excellent results. Counties near the bottom should analyze their deficiencies and take steps to correct them.



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TABLE 6  
RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION,  
FLORIDA, 1931-1952

YEAR	POPULATION	BIRTHS	BIRTH RATE	DEATHS	RATE DEATH
1952*	3,006,400	74,098	24.6	29,197	9.7
1951	2,901,800	70,431	24.3	27,857	9.6
1950	2,797,100	64,370	23.0	26,525	9.5
1949	2,692,500	61,642	22.9	25,317	9.4
1948	2,587,800	59,685	23.1	24,505	9.5
1947	2,483,200	60,201	24.2	24,150	9.7
1946	2,378,500	54,347	22.8	22,760	9.6
1945	2,273,900	48,839	21.5	22,594	9.9
1944	2,196,195	49,186	22.4	23,251	10.6
1943	2,125,935	46,783	22.0	23,213	10.9
1942	2,055,675	40,675	19.8	21,144	10.3
1941	1,985,415	37,351	18.8	21,438	10.8
1940	1,915,155	33,696	17.6	21,458	11.2
1939	1,853,660	32,437	17.5	20,209	10.9
1938	1,795,322	31,101	17.3	19,949	11.1
1937	1,736,984	29,529	17.0	19,825	11.4
1936	1,678,646	28,116	16.7	20,050	11.9
1935	1,620,308	28,058	17.3	19,059	11.8
1934	1,585,596	26,722	16.9	19,518	12.3
1933	1,554,000	25,647	16.5	18,112	11.7
1932	1,530,356	27,242	17.8	17,721	11.6
1931	1,502,736	26,789	17.8	17,291	11.5

\*1952 data based upon preliminary totals

TABLE 7  
PRELIMINARY TOTALS OF BIRTHS BY COLOR FOR COUNTIES AND CITIES  
OVER 10,000 POPULATION, FLORIDA, 1952

County or City	Total	White	Colored	County or City	Total	White	Colored
Florida.....	74,098	53,419	20,679	Leon.....	1,311	742	569
Alachua.....	1,471	875	596	Tallahassee.....	880	554	326
Gainesville.....	819	556	263	Levy.....	276	161	115
Baker.....	180	124	56	Liberty.....	80	61	19
Bay.....	1,379	1,100	279	Madison.....	439	158	281
Panama City.....	994	747	247	Manatee.....	796	483	313
Bradford.....	307	202	105	Bradenton.....	333	199	134
Brevard.....	989	740	249	Marion.....	1,053	525	528
Broward.....	2,491	1,517	974	Ocala.....	406	239	167
Ft. Lauderdale.....	975	637	338	Martin.....	185	109	76
Calhoun.....	190	148	42	Monroe.....	1,063	954	109
Charlotte.....	81	66	15	Key West.....	1,005	898	107
Citrus.....	145	89	56	Nassau.....	384	251	133
Clay.....	512	428	84	Okaloosa.....	1,256	1,189	67
Collier.....	186	124	62	Okeechobee.....	108	82	26
Columbia.....	505	305	200	Orange.....	3,139	2,388	751
Dade.....	12,226	9,563	2,663	Orlando.....	1,880	1,425	455
Miami.....	5,351	4,077	1,274	Osceola.....	202	168	34
Miami Beach.....	515	513	2	Palm Beach.....	2,929	1,881	1,048
DeSoto.....	202	131	71	West Palm Beach.....	1,247	908	339
Dixie.....	78	66	12	Lake Worth.....	233	216	17
Duval.....	9,054	6,503	2,551	Pasco.....	417	331	86
Jacksonville.....	7,391	5,099	2,292	Pinellas.....	2,899	2,263	636
Escambia.....	4,013	3,154	859	St. Petersburg.....	1,639	1,183	456
Pensacola.....	2,280	1,617	663	Clearwater.....	374	263	111
Flagler.....	86	29	57	Polk.....	3,412	2,514	898
Franklin.....	131	91	40	Lakeland.....	831	633	198
Gadsden.....	994	300	694	Putnam.....	655	376	279
Gilchrist.....	71	58	13	St. Johns.....	603	376	227
Glades.....	33	20	13	St. Augustine.....	417	273	144
Gulf.....	205	136	69	St. Lucie.....	678	344	334
Hamilton.....	239	108	131	Ft. Pierce.....	547	235	312
Hardee.....	231	201	30	Santa Rosa.....	555	494	61
Hendry.....	136	99	37	Sarasota.....	720	535	185
Hernando.....	171	116	55	Sarasota.....	508	335	173
Highlands.....	320	216	104	Seminole.....	797	376	421
Hillsborough.....	6,685	5,529	1,156	Sanford.....	453	231	222
Tampa.....	5,057	4,143	914	Sumter.....	278	166	112
Holmes.....	289	271	18	Suwannee.....	444	295	149
Indian River.....	303	200	103	Taylor.....	233	161	72
Jackson.....	915	550	365	Union.....	125	82	43
Jefferson.....	313	78	235	Volusia.....	1,607	1,120	487
Lafayette.....	69	60	9	Daytona Beach.....	716	458	258
Lake.....	897	629	268	Wakulla.....	124	81	43
Lee.....	581	434	147	Walton.....	360	295	65
Ft. Myers.....	367	249	118	Washington.....	292	198	94

TABLE 8  
PRELIMINARY TOTALS OF DEATHS BY COLOR FOR COUNTIES AND  
CITIES OVER 10,000 POPULATION, FLORIDA, 1952

County or City	Total	White	Colored	County or City	Total	White	Colored
Florida	29,197	21,676	7,521	Leon	430	182	248
Alachua	527	278	249	Tallahassee	288	134	154
Gainesville	242	146	97	Levy	114	67	47
Baker	66	44	22	Liberty	27	24	3
Bay	329	254	75	Madison	157	70	87
Panama City	229	164	65	Manatee	430	344	86
Bradford	88	62	26	Bradenton	245	199	46
Brevard	309	224	85	Marion	454	241	213
Broward	979	686	293	Ocala	166	89	77
Ft. Lauderdale	490	369	121	Martin	81	59	22
Calhoun	60	49	11	Monroe	233	179	54
Charlotte	62	52	10	Key West	210	159	51
Citrus	78	52	26	Nassau	127	78	49
Clay	122	86	36	Okaloosa	188	167	21
Collier	61	35	26	Okeechobee	38	30	8
Columbia	192	105	87	Orange	1,234	998	236
Dade	4,981	4,273	708	Orlando	707	581	126
Miami	2,774	2,364	410	Osceola	213	191	22
Miami Beach	448	447	1	Palm Beach	1,289	900	389
DeSoto	101	69	32	West Palm Beach	524	364	160
Dixie	37	29	8	Lake Worth	208	206	2
Duval	2,931	1,874	1,057	Pasco	291	246	45
Jacksonville	2,357	1,423	934	Pinellas	2,558	2,341	217
Escambia	892	610	282	St. Petersburg	1,643	1,493	150
Pensacola	478	280	193	Clearwater	258	224	34
Flagler	38	23	15	Polk	1,193	896	297
Franklin	74	42	32	Lakeland	338	265	73
Gadsden	317	87	230	Putnam	249	143	106
Gilchrist	24	22	2	St. Johns	288	170	118
Glades	24	13	11	St. Augustine	201	128	73
Gulf	62	37	25	St. Lucie	220	132	88
Hamilton	81	44	37	St. Pierce	196	105	91
Hardee	117	101	16	Santa Rosa	128	102	26
Hendry	70	42	28	Sarasota	385	327	58
Hernando	59	45	14	Sarasota	263	218	45
Highlands	170	121	49	Seminole	325	158	167
Hillsborough	2,633	2,102	531	Sanford	163	78	85
Tampa	1,780	1,379	401	Sumter	94	65	29
Holmes	100	87	13	Suwannee	169	110	59
Indian River	104	79	25	Taylor	99	54	45
Jackson	303	156	147	Union	53	32	21
Jefferson	128	37	91	Volusia	972	761	211
Lafayette	33	28	5	Daytona Beach	414	312	102
Lake	413	315	98	Wakulla	34	15	19
Lee	291	218	73	Walton	146	118	28
Ft. Myers	197	135	62	Washington	122	95	27

TABLE 9  
PRELIMINARY TOTALS FOR DEATHS BY IMPORTANT CAUSES, BY COLOR, FLORIDA, 1952, WITH DEATH RATES FOR  
1952 BY COLOR AND FINAL DEATH RATES FOR 1951

CAUSE OF DEATH (Numbers in parentheses refer to the International List of causes of death)	1952			1951 Rates		
	Deaths			Death Rates (Per 100,000 population)		
	Total	White	Colored	Total	White	Colored
ALL CAUSES	29,197	21,676	7,521	9.7*	9.1*	12.0*
Tuberculosis of respiratory system (001-008)	475	238	237	15.8	10.0	37.7
Tuberculosis, other forms (010-019)	30	15	15	1.0	0.6	2.4
Syphilis and its sequelae (020-029)	183	91	92	6.1	3.8	14.6
Typhoid fever (040)	1	0	1	0.0	0.0	0.2
Dysentery, all forms (045-048)	22	7	15	0.7	0.3	2.4
Scarlet fever and streptococcal sore throat (050-051)	4	3	1	0.1	0.1	0.5
Diphtheria (055)	8	5	3	0.3	0.2	0.8
Whooping cough (056)	6	1	5	0.2	0.1	0.9
Meningococcal infections (057)	27	19	8	0.9	0.8	1.3
Acute poliomyelitis (080)	39	31	8	1.6	1.3	2.2
Acute infectious encephalitis (082)	7	5	2	0.2	0.2	0.8
Smallpox (084)	0	0	0	0.0	0.0	0.0
Rabies (085)	10	3	7	0.3	0.1	1.1
Measles (094)	0	0	0	0.0	0.0	0.0
Typhus and other rickettsial diseases (100-108)	2	0	2	0.1	0.0	0.3
Malaria (110-117)	129	65	64	4.3	2.7	10.2
All other diseases classified as infective and parasitic (080 to 138 with exception of above causes)	4,186	3,515	671	139.2	147.8	106.8
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140-205)	4,186	3,515	671	139.2	147.8	106.8
Benign and unspecified neoplasms (210-239)	422	327	95	14.0	13.7	15.1
Diabetes mellitus (250)	61	37	24	2.0	2.6	4.6
Anemias (290-293)	3,284	2,376	908	109.6	99.9	146.2
Vascular lesion affecting central nervous system (330-334)	63	30	33	2.1	1.3	5.8
Nonmeningococcal meningitis (340)	27	13	14	0.9	0.5	2.2
Rheumatic fever (400-402)	345	272	73	11.5	11.4	11.6
Chronic rheumatic heart disease (410-416)	6,991	6,052	939	232.5	254.5	149.5
Arteriosclerotic & degenerative heart disease (420-422)	731	644	87	24.3	22.9	29.8
Other diseases of heart (430-434)	1,495	922	573	49.7	38.8	91.2
Hypertension with heart disease (440-443)	1,273	731	542	42.9	31.2	71.6
Hypertension without mention of heart (444-447)	1,273	731	542	42.9	31.2	71.6



TABLE 9—Continued  
PRELIMINARY TOTALS FOR DEATHS BY IMPORTANT CAUSES, BY COLOR, FLORIDA, 1952, WITH DEATH RATES FOR 1951  
1952 BY COLOR AND FINAL DEATH RATES FOR 1951

CAUSE OF DEATH (Numbers in parentheses refer to the International List of causes of death)	1952				1951 Rates	
	Deaths		Death Rates (Per 100,000 population)		Total	
	Total	White	Colored	Total	White	Colored
Other circulatory diseases (450-468)	687	566	121	22.9	23.8	19.3
Influenza (480-493)	134	408	88	4.5	1.9	14.0
Pneumonia (490-498)	776	384	388	26.8	17.2	58.6
Bronchitis (500-502)	45	11	11	1.5	1.4	1.8
Ulcer of stomach and duodenum (540-541)	166	139	27	5.8	5.8	4.3
Appendicitis (560-561)	58	33	25	1.9	1.4	2.0
Intestinal obstruction and hernia (560, 561, 570)	230	154	76	7.7	6.5	12.1
Gastritis, duodenitis, enteritis & colitis, except diarrheas of the newborn (581, 571, 572)	228	108	120	7.6	4.5	19.1
Cirrhosis of liver (590-594)	331	280	51	11.0	11.8	8.1
Nephritis & nephrosis (610)	524	308	221	17.4	12.7	35.2
Hyperplasia of prostate (610)	122	96	26	4.1	4.0	4.4
Complications of pregnancy, childbirth and the puerperium (640-652, 670-689)	61	26	35	0.8**	0.5**	1.7**
Birth injuries, postnatal asphyxia & atelectasis (760-762)	362	280	82	12.0	11.8	13.1
Congenital malformations (750-759)	619	387	232	20.6	16.3	36.9
Birth injuries, postnatal asphyxia & atelectasis (760-762)	95	38	57	3.2	1.9	9.1
Infection of the newborn (763-768)	802	469	333	26.7	16.8	53.0
Other diseases peculiar to early infancy, and immaturity unqualified (769-776)	747	400	347	24.8	16.8	55.3
Other diseases without mention of psychosis, ill-defined and unknown causes (780-795)	1,505	1,669	202	38.2	28.1	92.2
Semility without mention of psychosis, ill-defined and unknown causes (780-795)	1,147	787	360	33.1	23.1	57.3
All other diseases (Residual) (810-835)	1,349	328	21	11.3	4.2	98.1
Motor vehicle accidents (800-802, 840-962)	340	101	239	34.4**	26.2**	55.6**
All other accidents (963, 970-979)	2,548	1,399	1,149	34.4**	26.2**	55.6**
Suicide and self-inflicted injury (984, 965, 980-999)						
Homicide and operations of war						
Infant mortality (deaths under one year of age)						

\*Rate per 1,000 population

\*\*Rate per 1,000 live births

\*\*\*Rate less than 0.05

TABLE 10  
PRELIMINARY TOTALS FOR RESIDENT DEATHS FROM SELECTED CAUSES  
BY COUNTIES, FLORIDA, 1952

COUNTIES	Population 1952	Infant Deaths	Maternal Deaths	Tuberculosis	Syphilis	Whooping Cough	Pneumonia and Influenza	Cancer	Cardio-Vascular Renal Disease	Motor Vehicle Accidents	Other Accidents
FLORIDA	3,006,400	2,548	61	505	183	6	910	4,186	14,340	871	1,147
Alachua	60,280	67	12	3	15	1	15	60	246	15	23
Baker	6,320	8	1	2	2	1	2	8	31	2	21
Bay	42,720	45	1	7	4	1	4	37	144	8	5
Bradford	11,770	15	1	1	10	1	4	4	44	3	7
Brevard	25,570	44	2	4	14	3	34	163	163	8	48
Broward	98,940	125	3	12	49	140	462	20	462	5	1
Calhoun	7,920	6	1	3	3	3	34	5	27	4	4
Charlotte	4,310	3	1	1	1	9	27	4	31	3	6
Citrus	6,880	7	1	1	3	9	31	3	52	3	8
Clay	16,270	20	1	3	5	20	52	3	24	1	4
Collier	7,200	14	1	2	3	28	82	4	15	1	15
Columbia	18,670	18	2	2	6	912	2,848	154	153	2	2
Dade	576,840	344	12	84	32	103	15	52	17	1	124
DeSoto	10,320	14	1	4	5	5	17	1	364	26	54
Dixie	3,900	277	4	97	38	102	371	1,390	108	1	4
Duval	318,040	277	4	97	38	102	371	1,390	108	1	4
Escambia	116,160	125	2	11	7	29	104	364	26	1	3
Flagler	3,700	5	1	1	2	4	18	1	24	6	3
Franklin	5,800	12	1	4	3	2	25	139	9	11	2
Gadsden	38,980	60	2	10	1	19	25	18	1	2	2
Gilchrist	3,610	1	1	1	1	2	2	14	1	2	5
Glades	2,200	2	1	1	1	7	7	24	4	3	3
Gulf	7,730	8	1	4	1	3	10	44	3	2	2
Hamilton	9,100	8	1	1	1	3	18	72	3	3	3
Hardee	10,770	9	1	1	1	7	18	31	3	3	2
Hendry	6,440	9	1	1	1	3	12	26	3	3	4
Hernando	7,100	5	1	1	1	4	24	80	3	3	2
Highlands	14,510	18	1	2	1	6	417	1,218	68	86	7
Hillsborough	269,020	214	3	46	15	67	8	50	2	7	3
Holmes	14,010	6	1	2	2	3	8	56	10	15	15
Indian River	13,130	12	1	2	1	1	9	138	5	4	2
Jackson	34,700	24	1	7	1	25	37	69	5	1	2
Jefferson	10,400	16	1	1	1	8	18	18	4	10	10
Lafayette	8,440	4	1	1	1	2	4	201	16	10	10
Lake	40,110	34	3	3	4	17	68	201	16	10	10
Lee	28,410	16	1	5	1	6	41	158	15	26	4
Leon	55,140	44	1	14	2	21	45	190	14	1	1
Levy	10,920	9	2	1	1	3	18	66	2	4	6
Liberty	3,180	8	1	1	1	4	20	89	4	16	26
Madison	14,210	18	1	3	2	8	63	245	9	11	2
Manatee	38,240	23	4	4	2	16	44	208	11	15	10
Marion	39,560	57	2	6	3	3	17	88	7	2	15
Martin	8,620	7	1	1	1	14	33	89	9	10	12
Monroe	34,910	34	7	7	1	3	14	54	8	10	12
Nassau	13,760	18	3	3	3	9	20	68	18	2	46
Okaloosa	32,640	40	1	1	2	4	185	661	37	9	50
Okeechobee	3,650	10	1	1	1	3	26	121	3	11	61
Orange	127,670	90	2	14	4	31	174	659	46	52	10
Osceola	11,790	9	1	2	2	3	41	142	8	1	13
Palm Beach	121,060	104	1	16	12	36	41	142	8	1	13
Pasco	23,640	15	1	6	2	7	450	1,450	46	43	4
Pinellas	172,270	94	2	27	10	50	150	637	37	8	18
Polk	129,320	112	2	18	3	28	30	128	11	11	5
Putnam	26,230	29	1	7	2	10	40	130	8	1	18
St. Johns	26,520	28	1	2	3	15	20	110	4	5	18
St. Lucie	23,450	24	1	3	1	12	19	65	4	20	2
Santa Rosa	19,240	12	1	2	1	7	52	220	5	1	13
Sarasota	33,160	22	1	4	1	3	41	145	11	8	1
Seminole	27,960	44	1	11	1	16	19	51	8	2	3
Sumter	11,720	6	1	1	1	6	18	98	1	2	8
Suwannee	17,010	15	1	1	1	6	14	46	5	2	4
Taylor	10,400	11	2	1	1	5	6	28	2	12	12
Union	7,280	2	1	1	1	35	127	585	20	4	2
Volusia	81,290	49	2	15	5	8	1	73	5	12	2
Wakulla	5,430	1	1	1	1	5	10	57	5	5	2
Walton	15,110	11	1	1	1	13	13	57	5	5	2
Washington	11,890	16	1	3	1	4	13	57	5	5	2



TABLE 11  
PRELIMINARY TOTALS FOR MARRIAGES BY COLOR, DIVORCES, AND  
ANNULMENTS FOR FLORIDA AND EACH COUNTY, 1952

COUNTIES	MARRIAGES			DIVORCES	ANNULMENTS
	TOTAL	WHITE	COLORED		
FLORIDA.....	26,956	21,412	5,544	20,249	198
Alachua.....	354	230	124	229	...
Baker.....	33	25	8	238	2
Bay.....	422	338	84	119	12
Bradford.....	75	64	11	597	8
Brevard.....	334	265	69	567	6
Broward.....	1,449	1,105	344	563	...
Calhoun.....	20	16	4	42	...
Charlotte.....	75	63	12	15	...
Citrus.....	78	55	23	53	...
Clay.....	96	80	16	111	1
Collier.....	102	85	17	21	1
Columbia.....	141	89	52	85	64
Dade.....	5,694	4,926	768	5,173	...
DeSoto.....	85	63	22	21	...
Dixie.....	23	16	7	14	...
Duval.....	2,083	1,635	448	1,102	10
Escambia.....	680	585	145	788	10
Flagler.....	99	60	39	79	3
Franklin.....	74	58	16	23	...
Gadsden.....	186	67	119	70	...
Gilchrist.....	66	45	21	2	...
Glades.....	36	24	12	3	...
Gulf.....	64	45	19	27	...
Hamilton.....	60	26	34	30	2
Hardee.....	131	120	11	307	1
Hendry.....	120	83	37	31	...
Hernando.....	100	83	17	26	...
Highlands.....	151	106	45	114	6
Hillsborough.....	2,619	2,257	362	1,396	...
Holmes.....	54	43	11	52	...
Indian River.....	154	110	44	59	...
Jackson.....	204	128	76	72	...
Jefferson.....	71	26	45	16	...
Lafayette.....	26	18	8	3	1
Lake.....	237	207	80	201	...
Lee.....	277	221	56	138	1
Leon.....	366	224	142	315	...
Levy.....	79	51	28	26	...
Liberty*.....	20	18	2	7	...
Madison.....	63	44	19	43	...
Manatee.....	329	243	86	67	3
Marion.....	351	221	130	206	...
Martin.....	106	80	26	32	3
Monroe.....	481	422	59	377	...
Nassau.....	49	43	6	21	...
Okaloosa.....	167	152	15	137	...
Okeechobee*.....	51	36	15	19	3
Orange.....	1,295	996	299	419	...
Osceola.....	215	165	50	23	5
Palm Beach.....	1,293	928	365	649	3
Pasco.....	244	216	28	106	9
Pinellas.....	1,633	1,426	207	664	11
Polk.....	1,217	955	262	1,040	4
Putnam.....	199	123	76	508	17
St. Johns.....	184	148	36	1,034	2
St. Lucie.....	240	148	92	133	...
Santa Rosa*.....	66	56	10	52	3
Sarasota.....	375	323	52	179	...
Seminole.....	308	195	113	192	...
Sumter.....	85	61	24	65	1
Suwannee.....	104	71	33	70	...
Taylor.....	76	55	21	30	...
Union.....	36	27	9	17	6
Volusia.....	608	514	94	1,332	...
Wakulla*.....	27	18	9	4	...
Walton.....	82	68	14	63	...
Washington.....	84	68	16	32	...

\*No December divorce reports received from clerks of circuit court of Liberty, Okeechobee, Santa Rosa, and Wakulla Counties.

TABLE 12  
VITAL STATISTICS SCOREBOARD

Based on Promptness and Completeness of Certificates Filed in 1952

COUNTY	Rank	Percent of Certificates Filed on Time		Percent of Complete Certificates		Percent of Monthly Reports Submitted On Time	Total Score (Maximum-500)
		Births	Deaths	Births	Deaths		
Martin.....	1	100	99	99	99	100	497
Pinellas.....	2	96	98	100	99	100	493
Wakulla.....	3	98	96	98	100	100	492
Manatee.....	4	95	98	99	99	100	491
Hernando.....	5	92	99	99	99	100	489
Glades.....	6	100	100	100	94	92	486
DeSoto.....	7	96	96	98	95	100	485
Dade.....	8	98	99	99	99	92	482
Sarasota.....	9	88	99	99	95	100	481
Suwannee.....	10	88	95	99	99	100	481
Franklin.....	11	93	99	98	97	92	479
Polk.....	12	85	97	98	97	100	477
St. Johns.....	13	96	98	99	97	83	473
Holmes.....	14	94	85	98	94	100	471
Leon.....	15	85	96	99	99	92	471
Orange.....	16	85	92	98	96	100	471
Lake.....	17	85	90	98	97	100	470
Pasco.....	18	80	95	97	98	100	470
Marion.....	19	78	97	98	97	100	470
Bradford.....	20	93	94	97	100	85	469
Volusia.....	21	87	92	99	99	92	469
Okeechobee.....	22	86	89	94	100	100	469
Seminole.....	23	99	97	99	98	75	468
Walton.....	24	86	92	99	97	92	466
Lee.....	25	72	98	98	98	100	466
STATE.....	...	84	95	98	98	91	466
Baker.....	26	88	93	90	93	100	464
Brevard.....	27	88	87	99	97	92	463
Escambia.....	28	68	96	99	99	100	462
Palm Beach.....	29	76	96	98	97	92	459
Washington.....	30	75	90	96	98	100	459
St. Lucie.....	31	80	85	98	95	100	458
Broward.....	32	85	99	99	99	75	457
Levy.....	33	85	81	95	96	100	457
Sumter.....	34	76	88	95	97	100	456
Dixie.....	35	75	91	95	94	100	455
Hillsborough.....	36	89	98	99	99	67	452
Flagler.....	37	81	82	96	91	100	450
Gilchrist.....	38	71	79	100	100	100	450
Putnam.....	39	85	82	95	94	92	448
Santa Rosa.....	40	71	88	98	99	92	448
Columbia.....	41	83	94	99	96	75	447
Duval.....	42	87	97	97	98	67	446
Charlotte.....	43	84	97	91	82	92	446
Clay.....	44	77	85	95	97	92	446
Gulf.....	45	87	94	97	100	67	445
Union.....	46	72	87	97	95	92	443
Bay.....	47	65	94	97	95	92	443
Highlands.....	48	65	81	96	99	100	441
Madison.....	49	86	76	99	96	83	440
Osceola.....	50	61	91	98	95	92	437
Gadsden.....	51	75	93	97	95	75	435
Nassau.....	52	58	83	95	98	100	434
Okaloosa.....	53	74	88	99	96	75	432
Jefferson.....	54	67	87	97	98	83	432
Calhoun.....	55	63	80	96	92	100	431
Jackson.....	56	66	74	94	95	100	429
Hardee.....	57	69	95	90	97	75	426
Monroe.....	58	72	82	99	97	75	425
Alachua.....	59	75	86	97	97	67	422
Collier.....	60	79	90	94	82	69	414
Liberty.....	61	69	84	88	89	83	413
Lafayette.....	62	50	76	91	90	100	407
Taylor.....	63	29	84	97	94	100	404
Citrus.....	64	45	92	88	85	92	402
Hamilton.....	65	49	86	90	95	75	395
Indian River.....	66	59	71	97	95	67	389
Hendry.....	67	32	56	95	92	83	358

TABLE 13  
ACTIVITIES OF THE BUREAU OF VITAL STATISTICS  
DURING THE YEARS 1951 AND 1952

Activity	1951	1952	Per cent change
Current certificates received.....	145,234	152,192	+ 4.8
Delayed birth certificates filed.....	3,130	4,026	+28.6
Adoption decrees received.....	1,262	1,629	+29.1
Amended certificates filed for adoptions....	1,419	1,543	+ 8.7
Amended certificates filed for legitimations and correction of parentage .....	456	375	-17.8
Requests for Certifications			
Fee Paid .....	59,000	63,700	+ 8.0
Free .....	25,296	19,262	-23.9
Photostats made .....	75,273	77,259	+ 2.6
Birth Registration Cards made .....	18,053	21,158	+17.2
Fees collected and transmitted to State Treasurer .....	\$90,256.10	\$96,705.00	+ 7.1

## BUREAU OF LOCAL HEALTH SERVICE

GEORGE A. DAME, M.D.

Director

This report will cover the major activities of the Bureau, but with particular reference to local health units. Activities of the other divisions will be reported by the Directors of Public Health Nursing, Field Technical Staff and Field Training Center.

The basic and fundamental problem of the county health units is insufficiency of operating funds. This problem is the father of most of their other problems, such as inadequate salaries, shortage of personnel, lack of training, and inability to expand needed programs to meet the legitimate demands of Florida's citizens. As a result of the amazing growth in population and the increase in the number of counties served, funds have been stretched almost to the breaking point. In 1950 the State's appropriation of \$750,000 for health units amounted to 37.33 cents per person. With the increase of \$100,000 in the State appropriation in 1951, the allocation amounted to only 33.78 cents per person when budgets were set up for 1952. In 1950 Federal funds were allocated to county health units at the rate of 8.86 cents per person. In 1952 Federal funds permitted an allocation of only 7.07 cents per person. It is quite certain that this latter item will continue to decrease.

As a further indication of the growing crisis of diminishing public health funds it should be mentioned that in 1950 one public health nurse was provided for each 7,304 persons. In 1952 this service was diluted to cover 8,330 persons. In 1950 one sanitarian served a population of 13,950 persons. Now the sanitarians are each serving an average of 15,123 persons. Clerical persons in 1950 averaged one for each 12,795 persons. However, in 1952 there was only enough money to employ one for each 14,375 persons. Even with the inadequate number of positions set up for carrying on public health services it has been difficult to secure a full number of employees to fill them on account of inadequate salaries. It now requires constant recruitment with a large and expensive turnover. We are proud of the work being done in our county health units, but a better job could be done with more adequate salaries.

One cheerful aspect is the fact that there has been a slow but gradual increase in county contributions. We all agree that counties should more and more assume the burden of supporting public health programs on a local level, but until such time as the counties can more fully absorb the costs it will be necessary for the State to carry a reasonable share in order that Florida may have fairly good programs for the prevention of disease. To the organized county health departments in sixty-six counties, fourteen counties are contributing more than \$1.00 per capita. One county, Glades, is contributing \$1.89 per



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capita. There are only nine counties now contributing less than fifty cents per capita. In addition to funds allocated to county health departments on a formula it should be stated here that the State Board of Health contributes as freely as its funds will permit to other special programs in the counties on a regional basis: Venereal Disease Control, Cancer Control, Mental Health, and others. The State Board of Health is limited in its resources and is constantly handicapped in its efforts to supply those necessary services which are requested by county health departments in ever increasing numbers.

The number of full time health officers employed in local health units in Florida numbered fifty-one as of December 31, 1952. Thirty-six of these were directors and eleven were assistant health officers; three were on out-of-state training to secure their Masters degrees in Public Health and one was on military leave. There were also twenty-four physicians employed on a part time basis as clinicians. Of the full time medical officers nineteen have the degree of Master of Public Health, and seven are diplomates of the American Board of Preventive Medicine. Florida apparently has a larger percentage of men holding the M.P.H. degree than any of the other State Health Departments. In June three physicians who had completed graduate training returned to the State. Three others began their work in September. The average age of full time health officers is forty-five, and the average tenure in Florida public health work is four years and nine months.

Health officers who resigned during the year were: William M. Hanrahan, Paul L. Summers, Joseph H. Batsche, E. K. Langford, A. K. Cox and Robert L. Price. Health officers employed during the year were: Paul L. Summers, James F. Speers, John L. Lincoln, Harold F. Bonifield, Charles J. Mathes, James O. Bond and Henry I. Langston.

Other personnel employed in the local health units have gradually improved in educational qualifications and experience. Their work is steadily improving in both quality and quantity. There is a fluctuating shortage in these categories, particularly in nurses. This can be attributed to inadequate salaries. Many of our sanitarians who are married and have children receive less than \$250 per month, which is not conducive to lengthening tenure of employment.

Following the resignation of Doctor Knox E. Miller on October 15, 1952, Doctor James L. Wardlaw, Jr., was appointed Director of the Field Technical Staff. Some thought is being given to a change in the title of this Division to more accurately connote its duties and responsibilities, and its relationship to county health units and other activities in the State Board of Health.

For some years a campaign of education and tactful persuasion has been waged for the consolidation of the two units composed of the Madison and Taylor County Health Departments and that of Jefferson County. This was finally consummated on December 1, 1952 through

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the efforts of Doctor John D. Cross who is now the director of the three county unit. This consolidation has resulted in a more economical administration and has permitted the employment of an additional nurse whose district is composed of a portion of territory from each of the three counties.

On October 15, 1952 the Collier County Health Department was organized following a year or more of negotiation between the Collier County authorities and this Bureau. The sincere interest of Mr. Ed Scott, Clerk of the Circuit Court and of Messrs. Barron and Miles Collier, should be given credit for this accomplishment. By agreement between the authorities of Lee and Collier Counties, the Collier County Health Department and that of Lee County were associated together as one Unit. Doctor Merwin E. Buchwald is director of the associated unit. In Collier there is also full time personnel consisting of one public health nurse, one sanitarian and one clerk. This small progressive county of 6,488 population came in with an appropriation of \$1.12 per capita.

In each annual report of the Bureau of Local Health Service an effort has been made to mention some of the outstanding programs that have been promoted in county health units. The reporting of these items has been requested of the county health officers. Although, there are outstanding activities of one sort or another in each of the counties they are sometimes not reported on account of the shyness, or lassitude, or fear of publicity on the part of some of the health officers. However, here are a few that are deemed worthy of mention:

In the Unit composed of the counties of Bradford, Clay and Union there was an excellent multiphasic survey conducted in the months of August and September. The survey met splendid response in all three rural counties, being offered to all persons sixteen years of age and over. Doctor Aubrey Y. Covington reported that over 5,000 individuals were X-Rayed, or approximately 15.5 per cent of the total population of 34,686 in the area. Suspicious tuberculosis was found in 1.1 per cent and other pathology in 1.2 per cent of those examined. Of the seven active cases of tuberculosis so far proven, five were in tuberculosis sanatoria and two others were awaiting admission at the time of the report. Of other pathology two suspicious tumor cases were processed through a tumor clinic and received lung surgery.

To quote from Doctor Covington's report: "A blood specimen was also taken on over 4,000 or 88.4 per cent of all examined. Positive serology for syphilis was reported on 4.9 per cent. Treatment records were available in our office of approximately 40 per cent of all positives and about half of these had adequate treatment already. Approximately 50 cases have been sent to the Prevention and Control Center and treatment completed in our office. Others are being followed by the health department and private physicians. On diabetes testing, 2.9 per cent of all examined had a history of known diabetes. In addition, a total of 23 new definite cases were found giving a total of 3.4 per cent (new and old



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cases). Many others are being followed by private physicians. A total of 76 cases or 1.7 per cent of those tested for hemoglobin were below the screening level of 11.5 and 12.5 gms."

Here are some quotes from Doctor Robert E. Rothermel's report on Pinellas County: "A step in the right direction has been taken in sanitation in the Negro areas of St. Petersburg in a cleanup campaign which removed 100 extra truckloads of trash and debris. City garbage department and the health department initiated the project which was spearheaded by negro leaders. . . . Water supply and sewage disposal, one of the most expensive and serious of Pinellas County problems, has been improved in a number of ways. Complete new sewerage systems have been started or completed in Tarpon Springs and at Madeira Beach. A subdivision in St. Petersburg has started construction on a new system. The health department is promoting separate systems for each new subdivision as the most desirable type of sewage control program. . . . Excellent cooperation between school and health officials has resulted in the publication of a 'Guide to Teaching Health'. The handbook for teachers in the elementary schools was prepared by school and health department personnel and has received state-wide recognition by persons in both fields. The volume of requests has depleted the supply of complimentary copies." "A Pinellas Health Education Council was formed in 1952 to coordinate health education activities in the county. Its membership consists of organizations whose main job is health education. The group is headed by the full time Health Educator of the health department. . . . One hundred seventy high school girls have organized in the sophomore, junior and senior classes of St. Petersburg High School to form a Future Nurses Club. The school public health nurse started the new FNC which will study the qualifications and requirements of all types of nursing and they will work toward contributing to the health of their school and community. . . . School health planning has reached a new high in our county with four committees working together for a better school health program. Private doctors, teachers, nurses, health educator, and others have made constructive recommendations for the next year."

A report on progress of Doctor Robert D. Higgins' program for Mental Health in Volusia County is quoted: "Following through with visits from Doctor William Hollister of Atlanta, United States Public Health Consultant in the Mental Hygiene Program, and Doctor Louis Cohen, Duke University, Volusia County has become particularly interested in presenting a completely evaluated statistical report of the mental hygiene program which started in 1949. . . . With an extremely limited staff, we began to find the needs of the school and to realize that with such an inadequate staff it would be impossible to give a complete service, which would include handling the children and their parents and the establishment of play therapy in the three different areas of this county, Daytona Beach, New Smyrna Beach, and DeLand. With financial aid from the Volusia County Board of Public Instruction, we have been able to add a full time clinical psychologist, and a mental

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hygiene nurse who has been specially trained during the past year in this particular type of service; however, she is doing a generalized piece of mental hygiene nursing."

From Brevard-Osceola Counties comes a report from Doctor James F. Speers on a Venereal Disease program for which he wishes Mr. Vance Bell, Health Field Worker to have most of the credit. It is here quoted: "The Brevard-Osceola Health Unit has inaugurated an active and comprehensive Venereal Disease program. The most productive phase of this program has been the routine testing of all admissions to city and county jails. In the short time since this program was begun, 94 tests have been taken, of which 14 were positive. 10 of these positive cases had had no previous treatment. Three further cases have been brought to treatment through investigation of contacts. . . . Educational programs have been presented in several high schools, with movies, slides, lectures, and discussion periods. These have been followed by blood test surveys of the students. The percentage of positive results in these surveys has been low, but several previously undiagnosed cases of congenital syphilis have been found. Expansion of this educational and survey program to include clubs, churches and other similar groups is planned."

Here are some quotes from a letter received from Doctor J. Basil Hall of Lake County: "I would like to mention that our local Medical Society voted to establish a Lake County Medical Library in our proposed new building. We plan to make it a small, complete library for the use of doctors and nurses in our county. It is felt that this will be a good medium of contact and will probably be the first such library in the State. . . . We have used a fogging machine from a motor boat in the lakes this year. It is an excellent form of advertisement and is the most effective way that we have found to lessen the mosquito nuisance; especially the 'blind' type. Counties with lakes and mosquitoes would do well to give consideration to this piece of equipment. The complete rig costs approximately \$2,200.00."

From the Walton-Holmes-Okaloosa Unit comes a report from Doctor Raymond N. Nelson: "During the year ending 1952, this tri-county health unit, has, in my opinion, done a number of things to promote better public health. Among them: Diabetic classes have been organized; each has been well attended; instructions and discussions given have been beneficial to all. . . . Health Councils have been organized and well attended. . . . Rat-extermination programs were promoted in all parts of the counties. In Walton County alone, over two tons of rat poison was distributed and paid for by funds donated by county and city. . . . Closer cooperation with our local American Legion organizations has made it possible to hold clinics for crippled children in the department and not elsewhere in the city as has been the practice in the past."

In Hillsborough County the Visiting Nurses Association has been more nearly integrated with the county health unit than in any other



county. A report from Doctor Frank V. Chappell is quoted: "Beginning July 1, 1952, the long-hoped-for Greater Tampa Visiting Nurses Association was organized by a group of interested community leaders. It was finally made possible by the Metropolitan Life Insurance Company, which made available to the V.N.A. their two home service nurses for the remainder of 1952. Donations were received from the city and the county as well as other groups and individuals to get the project started. It was set up under the supervision of the Hillsborough County Health Department. The health officer serves in an ex officio capacity on the Executive Board. Our nursing supervisor is the Executive Director; office space and equipment are provided by the health department. A third nurse was added; her salary and all administrative and operational expenditures are paid by State warrant through the Hillsborough County Health Department. The Association reimburses the health department for these expenditures at the end of each month. Beginning January 1, 1953, all the Visiting Nurses will become members of the health department staff and receive their salaries by State warrant. . . . We believe this is the first Visiting Nurses Association in the State organized under this plan. We are hopeful that this beginning will lead to a combination Public Health-Visiting Nurse Service, defined by the National Organization for Public Health Nursing as 'a service that is jointly administered by both governmental and voluntary agencies; financed by tax funds, earnings and contributions, and in which all field service offered by the participating agencies is rendered by a single staff of public health nurses.'"

Dr. William L. Wright of Sarasota County writes as follows: "The most outstanding and newsworthy addition to our local program for the year 1952 was the establishment of our Visiting Nurse Association. This project was launched in February through the efforts of interested citizens who saw the need for such a community service. The VNA was set up as a separate organization but it was decided that our county health department supervising nurse would also supervise the VNA. The county health officer was elected a member of the Medical Advisory Committee for the VNA. The VNA nurses worked out of the health department office and used the health department facilities to carry on their program. The service was supported by public contributions and by fees charged for the nurses' services. In the Fall the program was added to the membership of the local Community Chest. During the year the VNA gave services to 141 individuals. A total of 2181 visits were made by the nurses. The service has proved very popular with the doctors of the area and with the patients served. There have been a number of large donations by patients as a result of their satisfaction with this work."

Doctor Terry Bird and Wakulla County are to be congratulated on the completion of two public health buildings in 1952. One of these beautiful and efficient buildings is at Crawfordville, the county seat. It is used for health department offices and clinic rooms and cost \$125,000, including equipment. The funds were supplied by the Board

of County Commissioners and the State Improvement Commission under the Hill-Burton Act. The building at Sopchoppy is for clinics conducted by the county health department. It was built from funds supplied by the Board of County Commissioners and cost about \$6,000. This puts Wakulla County with its small population right out front in the support of county health work.

The people of Indian River County have reason to be proud of their new, modern, well-located public health headquarters building completed in 1952.

Holmes County also completed a modern building in Bonifay for headquarters for the Holmes County Health Department. Doctor Nelson now has fine headquarters in each of his three counties at Crestview, DeFuniak Springs and Bonifay.

Some quotations are given from a report received from Doctor Leland Dame concerning Orange County: "We are glad to announce that we shall now be able to greatly expand our mental health clinic. The Orlando Junior League, composed of young women of the Orlando and Winter Park area, voted to give us \$3,000 during the year for increases in salaries and expenses. An advisory committee will be formed to plan how to spend it. . . . Another sanitarian was added to the health department during the year. The salaries of nurses and sanitarians were raised in July and October, and the sanitarians again received a raise on January 1, 1953. We are beginning plans to better coordinate the work of sanitarians and nurses. . . . Plumbing sanitation was increased greatly during the year with better service from cooperation between the plumbers, sanitarians, and plumbing inspector. A great deal of sewerage was installed during 1952 in new subdivisions instead of septic tanks. Through our efforts a great many septic tanks were removed in the City of Winter Park and sewer connection obtained."

Here is a quotation from a report made by Doctor Paul W. Hughes of Broward County: "We have finally rounded out a full-time service to all parts of the county. In other words, we now have sufficient clerical personnel, in addition to the sanitarians and nurses, so that we actually have three full-time health units in Pompano, Fort Lauderdale, and Hollywood respectively. This was made available by an increased clerical staff this past year. . . . A new health center, valued at approximately \$65,000, will have been completed some time in December, 1952. This health center is being constructed by the new South Broward Hospital District and will be rented to the local health department. This will enable us to give more complete service to that fast growing area. The health center in Pompano is new, built in 1949. Our health center in Fort Lauderdale, according to public announcement by the County Commissioners, is to be replaced this year by a building valued at \$75,000 to \$100,000. Sixty-five thousand dollars has been set aside in the county budget to provide for such a building. It is expected that \$35,000 matching funds will be available. The new Fort Lauderdale health center will either be on the local hospital grounds or on the grounds of the new court house."



The following item is quoted from a report made by Doctor John C. McSween of Escambia County: "On October 1, 1951, the Board of County Commissioners passed a resolution, putting the Florida Plumbing Control Act of 1951 in effect in Escambia County. In this resolution, the enforcement of this law was put under the direction of the County Health Department, and one inspector was assigned for enforcement. Approximately four months later, due to increased building, another plumbing inspector was added. The number of permits issued between the period of October 1, 1951, and September 30, 1952 was 1,841. The audit report covering this period shows that total receipts were \$13,143.00 and total disbursements were \$9,024.49, leaving a balance of \$5,118.51. This has been more than sufficient to take care of inspection services and expenditures and also build a reserve fund for lean building periods. The plumbing industry is to be commended in their efforts to improve sanitary conditions in our county and state."

Doctor Charles J. Mathes reports from Putnam County: "Tuberculosis control was given a prominent part in the year's program. The diagnostic clinic was especially well attended. The Putnam County Tuberculosis and Health Association purchased an X-Ray unit for the health department for future control work. . . . The sanitation division presented a rodent control exhibit at the Putnam County Fair and Livestock exhibit that was given a Blue Ribbon Award. . . . The standard for foodhandler's cards was set after many years of doing nothing but serological examinations for these cards. With the acquisition of the X-Ray machine, it was established with the approval of the County Commissioners and the Putnam County Medical Society that hereafter the applicant would have a serological examination, a stool examination and a chest X-Ray before obtaining a health card countersigned by the health officer."

Articles by staff members:

- Articles by staff members:
1. Hall, J. B. Epidemiologic importance of man's transportation of mosquito vectors of malaria. J. Florida M. A. 38:555-558, Feb. 1952.
  2. Wilson, J. S., Hughes, P. W., Cronkite, A. E. Management of an outbreak of anthrax. J. Florida M. A. 39:403-407, Dec. 1952.

**TABLE 14**  
**SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952**

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1935																	
ACTIVITIES																	
Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier Began opera- tion 10-1-32	Columbia	Dade	DeSoto	Dixie	Duval	Escambia	
<b>A. COMMUNICABLE DISEASE CONTROL</b>																	
1. Admissions to Service.....																	
8	6	99	42	20	94	8	3	0	74	1	9	843	13	1	76	81	
2. Consultations and Conferences with Physicians.....																	
5	2	32	6	18	69	5	3	0	31	1	133	653	6	44	12	19	
3. Field and Office Visits.....																	
14	17	138	56	43	232	11	3	0	127	2	128	2,219	17	2	114	248	
<b>IMMUNIZATIONS COMPLETED</b>																	
4. Smallpox.....																	
575	123	1,962	192	261	1,049	388	99	92	123	0	309	9,214	101	158	1,907	1,908	
5. Diphtheria, (5-7).....																	
1,734	237	1,574	570	519	2,012	119	90	50	267	59	2,244	8,361	196	207	2,357	2,908	
6. Typhoid Fever.....																	
4,970	1,222	4,422	304	7	2,336	973	43	885	184	0	9,305	4,125	205	706	2,092	13,695	
8. Whooping Cough, (9-11).....																	
543	237	964	517	357	1,816	114	79	59	279	1	2,246	8,271	194	248	1,775	1,415	
9. Tetanus.....																	
2,010	237	3,581	562	476	2,539	130	136	195	289	59	3,607	8,061	238	468	3,882	1,121	
12. Rabies.....																	
0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	29	0	
<b>INTESTINAL PARASITE CONTROL</b>																	
14. Admissions to Service.....																	
660	439	378	270	538	933	101	42	231	147	0	1,088	195	89	198	320	251	
15. Field and Office Visits.....																	
720	441	410	293	607	1,409	101	80	232	170	0	1,199	286	80	283	359	251	
16. Treatments Given.....																	
808	440	372	289	293	932	90	43	231	153	0	1,088	135	115	267	320	245	
<b>B. VENEREAL DISEASE CONTROL</b>																	
1. Admissions to Medical Service.....																	
1,128	28	257	97	105	360	8	19	9	201	3	128	4,396	14	17	8,277	1,447	
2. Visits to Medical conferences.....																	
2,037	42	728	163	146	942	11	42	9	373	4	207	31,707	16	22	13,867	2,782	
3. Field Visits and Epidemiological Investigations.....																	
389	50	843	67	831	1,684	19	77	12	200	1	196	16,799	51	21	3,809	1,360	
4. Treatments given (Syphilis, Gonorrhea, etc.).....																	
1,988	22	268	62	158	381	1	17	8	53	2	116	8,456	6	14	3,260	2,023	
5. Admissions to Hospitals.....																	
14	7	1	36	124	39	2	4	3	43	0	12	0	8	3	142	3	
<b>C. TUBERCULOSIS CONTROL</b>																	
1. Admissions to Medical Service.....																	
6	8	24	12	4	31	6	3	4	12	1	14	523	13	6	0	112	
(A) Cases.....																	
2	13	10	18	20	29	1	40	2	18	0	7	4,207	4	1	0	291	
(B) Contacts and Suspects.....																	
15	0	12	8	1	5	2	8	0	3	0	0	480	1	0	0	1	
(C) Arrested cases.....																	
2. Admissions to Nursing Service.....																	
37	8	48	17	21	84	11	9	14	21	0	14	898	11	4	150	283	
(A) Cases.....																	
863	15	104	49	108	263	40	47	10	90	0	90	250	1	37	409	454	
(B) Contacts and Suspects.....																	
38	2	37	3	7	60	2	4	4	16	0	14	60	1	0	85	25	
(C) Arrested Cases.....																	
3. Number of Persons X-rayed.....																	
21,826	987	0	1,898	6,000	0	1,479	0	0	2,390	0	1,841	12,922	0	0	25,634	9,972	
(A) Miniature Films.....																	
1,264	43	824	143	69	2,146	97	56	59	99	0	99	4,772	140	99	226	1,295	
(B) Large 14" x 17" Films.....																	



**TABLE 14 (continued)**  
**SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952**

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1932																	
ACTIVITIES	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
A. COMMUNICABLE DISEASE CONTROL																	
1. Admissions to Service.....	3	6	36	3	7	2	16	12	19	0	61	231	9	29	34	19	2
2. Consultations and Conferences with Physicians.....	6	1	28	3	6	5	0	15	15	0	26	191	2	20	14	4	1
3. Field and Office Visits.....	4	6	93	3	7	7	46	16	71	0	94	407	24	36	47	41	3
IMMUNIZATIONS COMPLETED																	
4. Smallpox.....	89	33	1,153	14	14	196	5	137	37	153	41	4,863	147	106	498	557	57
5. Diphtheria, (5-7).....	318	190	771	420	59	228	470	176	345	136	399	5,245	794	440	2,753	1,611	184
6. Typhoid Fever.....	436	988	4,363	177	17	1,031	858	46	59	305	29	422	523	900	8,226	3,379	486
7. Whooping Cough, (9-11).....	234	186	772	73	53	213	473	160	228	34	149	2,562	277	418	930	1,157	191
8. Tetanus.....	423	462	2,535	442	65	766	1,558	245	347	293	402	5,382	900	749	3,439	2,559	319
12. Rabies.....	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	0	0
INTESTINAL PARASITE CONTROL																	
14. Admissions to Service.....	169	145	770	260	11	309	598	66	46	864	209	777	408	111	1,258	616	112
15. Field and Office Visits.....	180	145	770	260	23	333	1,313	66	55	916	209	783	486	138	1,258	625	112
16. Treatments Given.....	90	145	770	258	11	316	1,598	63	43	268	206	783	1,113	162	3,780	644	110
B. VENEREAL DISEASE CONTROL																	
1. Admissions to Medical Service.....	21	57	191	4	14	27	65	5	25	13	149	1,100	10	6	214	30	23
2. Visits to Medical conferences.....	47	85	320	7	30	54	103	6	70	18	218	3,613	13	7	274	35	26
3. Field Visits and Epidemiological Investigations.....	59	115	553	2	13	189	63	18	22	51	157	5,996	64	75	605	93	1
4. Treatments given (Syphilis, Gonorrhea, etc.).....	23	27	283	3	14	43	62	11	21	9	155	3,273	7	11	357	56	5
5. Admissions to Hospitals.....	14	11	22	0	4	5	3	0	11	4	11	84	2	10	12	9	0
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service.....	0	2	5	0	0	2	12	1	1	1	7	129	2	0	8	3	4
(A) Cases.....	1	3	4	0	2	0	18	0	4	2	90	1,587	9	1	21	0	7
(B) Contacts and Suspects.....	0	0	0	0	0	1	2	1	1	1	12	340	1	0	7	0	0
2. Admissions to Nursing Service.....	0	4	28	3	14	7	7	10	8	2	9	250	7	15	41	18	1
(A) Cases.....	14	19	177	20	9	23	27	44	12	53	90	1,479	100	73	125	28	42
(B) Contacts and Suspects.....	0	1	6	1	0	5	3	14	0	2	13	192	0	17	25	2	0
(C) Arrested Cases.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of Persons X-rayed.....	737	976	5,582	400	0	2,245	925	75	0	0	79	45,448	79	2,428	393	0	72
(A) Miniature Films.....	12	35	222	28	45	160	116	0	21	56	0	737	79	132	0	38	0
(B) Large 14" x 17" Films.....																	

**TABLE 14 (continued)**  
**SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952**

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Martin	Monroe	Nassau	Ocalaosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco	
<b>A. COMMUNICABLE DISEASE CONTROL</b>																	
1. Admissions to Service.....	198	9	63	3	11	12	14	16	7	131	15	4	27	404	237	146	90
2. Consultations and Conferences with Physicians.....	150	15	20	2	0	23	9	20	8	144	140	2	0	231	6	29	29
3. Field and Office Visits.....	369	23	111	4	14	24	17	20	14	167	25	10	28	628	284	255	182
<b>IMMUNIZATIONS COMPLETED</b>																	
4. Smallpox.....	32	1,415	1,783	112	16	387	643	907	322	413	733	427	74	3,401	324	2,141	187
5. Diphtheria.....	84	1,630	1,411	117	236	726	566	161	426	404	1,217	866	123	2,966	439	2,057	608
6. Typhoid Fever.....	29	1,506	4,769	556	683	2,247	804	793	949	680	1,988	862	352	12,688	178	1,699	65
7. Whooping Cough, (9-11).....	76	1,431	1,819	116	224	110	559	179	425	365	1,189	803	239	1,236	421	1,500	599
8. Tetanus.....	88	1,710	4,792	1,022	275	859	736	258	687	510	1,197	974	148	2,562	584	4,991	608
12. Rabies.....	0	0	4	0	0	0	0	0	0	0	0	1	2	0	0	2	2
<b>INTESTINAL PARASITE CONTROL</b>																	
14. Admissions to Service.....	366	16	524	420	117	170	254	134	109	40	486	504	90	201	93	79	275
15. Field and Office Visits.....	690	82	563	422	117	170	367	146	109	40	608	504	107	280	124	112	297
16. Treatments Given.....	293	6	516	421	234	170	253	146	109	12	593	504	82	197	106	77	536
<b>B. VENEREAL DISEASE CONTROL</b>																	
1. Admissions to Medical Service.....	31	39	1,506	19	2	110	371	523	93	343	52	105	37	480	31	699	119
2. Visits to Medical conferences.....	306	110	1,677	22	2	133	722	848	93	423	570	110	42	1,279	33	1,563	250
3. Field Visits and Epidemiological Investigations.....	173	15	1,836	62	5	21	929	1,409	149	523	145	264	79	3,236	51	1,862	261
4. Treatments given (Syphilis, Gonorrhea, etc.).....	4	107	862	9	1	94	232	473	104	549	216	107	33	267	61	1,440	74
5. Admissions to Hospitals.....	27	20	21	16	1	18	1	22	16	1	10	9	1	86	4	397	45
<b>C. TUBERCULOSIS CONTROL</b>																	
1. Admissions to Medical Service.....	7	16	20	1	1	15	16	6	1	34	5	2	0	6	2	49	18
(A) Cases.....	2	32	8	2	1	75	7	7	2	19	28	14	0	0	13	26	48
(B) Contacts and Suspects.....	1	6	4	0	0	12	3	6	1	6	17	1	0	42	1	26	6
(C) Arrested cases.....																	
2. Admissions to Nursing Service.....	31	39	52	11	4	14	40	77	10	31	14	18	0	184	5	143	19
(A) Cases.....	215	110	823	73	5	90	139	198	13	100	99	129	12	513	35	107	129
(B) Contacts and Suspects.....	42	15	20	5	0	15	20	18	3	7	16	2	2	105	3	85	16
(C) Arrested Cases.....																	
3. Number of Persons X-rayed.....	1,410	6,639	14,634	0	394	2,610	367	0	2,403	0	2,786	3,742	985	13,984	2,129	7,204	0
(A) Miniature Films.....																	
(B) Large 14" x 17" Films.....	270	131	798	87	17	160		667	44	223	164	86	34	564	62	820	142



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	TOTAL
<b>A. COMMUNICABLE DISEASE CONTROL</b>																
1. Admissions to Service.....	76	78	22	8	22	37	36	42	9	2	13	33	1	2	1	3,631
2. Consultations and Conferences with Physicians.....	36	66	17	8	23	29	21	2	4	2	9	11	0	10	1	2,434
3. Field and Office Visits.....	117	166	48	25	57	56	41	55	27	6	17	87	1	11	1	7,166
<b>IMMUNIZATION COMPLETED</b>																
4. Smallpox.....	1,437	1,193	1,085	247	313	285	290	434	837	52	18	1,342	103	357	258	47,485
5. Diphtheria, (5-7).....	2,779	1,503	2,418	933	1,261	455	279	856	890	276	259	427	205	564	571	65,775
6. Typhoid Fever.....	1,294	342	2,413	1,349	2,445	183	41	717	2,743	412	184	295	1,051	306	708	107,380
7. Whooping Cough, (9-11).....	2,088	1,271	1,444	1,144	2,510	459	279	481	887	273	115	398	1,083	530	580	47,391
8. Tetanus.....	2,943	1,584	2,863	991	2,215	640	292	467	1,337	354	265	465	363	655	714	86,367
9. Rabies.....	1	7	0	0	0	0	0	0	1	0	0	0	2	0	1	71
<b>INTESTINAL PARASITE CONTROL</b>																
14. Admissions to Service.....	345	605	9	155	375	62	189	353	283	194	226	92	404	433	419	20,626
15. Field and Office Visits.....	435	655	170	160	375	78	315	353	300	199	245	113	419	433	419	23,990
16. Treatments Given.....	233	582	148	147	375	66	210	353	298	194	229	94	419	433	419	23,626
<b>B. VENEREAL DISEASE CONTROL</b>																
1. Admissions to Medical Service.....	445	511	122	60	50	213	165	98	195	51	65	219	47	41	4	20,94
2. Visits to Medical Conferences.....	3,883	934	148	83	65	470	198	157	258	129	171	381	71	51	11	72,717
3. Field Visits and Epidemiological Investigations.....	3,270	1,169	764	113	63	686	690	67	84	82	26	1,146	32	76	53	53,815
4. Treatments given (Syphilis, Gonorrhea, etc.).....	800	405	174	44	91	213	149	99	159	14	50	256	63	39	32	28,436
5. Admissions to Hospitals.....	36	67	17	6	1	0	0	6	4	15	18	59	6	8	7	1,588
<b>C. TUBERCULOSIS CONTROL</b>																
1. Admissions to Medical Service.....	156	52	7	0	8	13	1	3	8	24	5	11	0	6	6	1,457
(A) Cases.....	813	46	23	4	2	2	8	2	10	70	7	54	2	39	1	7,337
(B) Contacts and Suspects.....	398	9	0	0	2	2	0	3	2	2	0	29	0	4	0	1,488
(C) Arrested Cases.....	121	103	19	23	8	18	28	6	28	24	13	137	2	6	15	3,297
2. Admissions to Nursing Service.....	297	356	74	32	42	44	126	44	53	69	24	16	537	38	87	8,834
(A) Cases.....	98	59	2	16	1	44	7	9	6	0	6	98	7	4	4	1,320
(B) Contacts and Suspects.....	8,427	31,123	3,764	0	1	389	67	85	226	1,228	1,024	13,410	766	1,879	1,890	265,821
(C) Arrested Cases.....	5,226	1,153	109	27	33	0	0	0	0	60	41	1,348	121	106	106	27,564
3. Number of Persons X-rayed.....																
(A) Miniature Films.....																
(B) Large 14" x 17" Films.....																

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
<b>C. TUBERCULOSIS CONTROL (Cont.)</b>																	
4. Pneumothorax Refills.....	255	0	0	0	0	0	0	0	0	37	0	0	2,725	0	0	0	944
5. Pneumothorax Refills.....	33	29	47	51	44	108	11	62	11	52	2	53	16,878	21	10	0	202
6. Visits to Medical Conferences.....	141	33	233	23	53	1,885	40	78	67	40	0	27	896	8	97	231	8,636
7. Tuberculin Test.....	899	80	368	199	303	1,565	99	235	84	251	0	197	3,629	84	89	1,686	1,368
8. Field Nursing Visits.....	23	71	54	6	93	591	29	77	24	81	0	26	111	0	28	39	156
9. Office Nursing Visits.....	59	0	43	12	10	37	5	7	7	6	0	12	789	6	3	13	76
10. Cases Hospitalized.....																	
<b>D. MATERNITY SERVICE</b>																	
1. Admissions to Antepartum Medical Service.....	476	43	192	116	108	458	7	11	14	69	0	167	2,752	0	43	43	468
2. Cases Referred to Private Physician.....	12	22	49	5	13	35	2	4	3	26	0	0	33	0	0	12	27
3. Admissions to Antepartum Nursing Service.....	568	62	193	73	123	529	14	14	21	76	0	171	2,139	0	50	154	544
4. Visits by Antepartum Cases to Medical Conferences.....	1,232	91	562	250	251	844	18	24	25	124	0	100	10,420	0	111	121	529
5. Number of Clinic Sessions Conducted.....	214	35	33	21	125	148	9	19	15	53	0	119	430	0	31	22	96
6. Field Nursing Visits to Antepartum Cases.....	918	92	107	149	125	269	8	26	35	47	0	71	2,947	0	40	320	318
7. Office Nursing Visits to Antepartum Cases.....	1,786	37	581	61	223	2,074	30	27	13	163	0	432	1,025	0	129	200	1,544
8. Cases given Nursing Service at Delivery.....	0	0	0	0	1	2	0	0	0	0	0	0	0	0	2	0	0
9. Cases given Service at Delivery by Certified-Nurse Midwife.....	1	0	1	0	0	0	0	0	0	0	0	0	7	0	6	0	0
10. Cases given Postpartum Medical Examinations.....	199	10	79	5	46	88	3	0	3	22	0	39	848	0	1	3	109
11. Admissions to Postpartum Nursing Service.....	547	48	137	146	124	376	4	18	31	57	0	192	2,543	0	34	152	342
12. Field Nursing Visits to Postpartum cases.....	1,246	66	120	357	238	417	1	37	63	55	0	438	6,073	0	50	273	533
13. Office Nursing Visits to Postpartum cases.....	175	8	99	15	52	84	4	4	5	27	0	10	66	0	4	21	109
14. Admissions for Midwife Supervision.....	18	15	12	8	21	8	3	2	3	7	0	9	18	0	3	2	15
15. Attendance of Midwives at Meetings.....	35	22	19	36	25	68	1	0	2	4	0	55	200	0	8	0	101
16. Visits for Midwife Supervision.....	67	71	39	36	71	52	20	20	20	28	0	14	32	0	28	15	112
17. Attendance at Maternity Classes.....	0	0	14	0	12	25	0	0	0	0	0	0	35	0	14	0	0
18. Cases Hospitalized.....	14	0	0	0	1	4	0	0	0	7	0	0	19	0	0	0	7



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Flagler	Franklin	Cadaden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
C. TUBERCULOSIS CONTROL (Cont.)																	
4. Pneumothoraxum Refills	0	0	0	0	0	0	0	0	0	0	0	174	0	0	0	0	0
5. Pneumothorax Refills	0	0	0	0	0	0	0	0	0	0	0	43	17	12	0	0	0
6. Visits to Medical Conferences	5	6	12	15	80	281	41	22	100	12	112	8,548	89	14	22	4	25
7. Tuberculin Test	0	9	22	81	39	134	65	62	159	30	313	498	283	237	35	74	61
8. Field Nursing Visits	30	37	502	81	39	134	65	62	159	30	313	498	283	237	35	74	106
9. Office Nursing Visits	2	22	101	35	12	11	17	8	0	5	82	86	11	6	0	5	75
10. Cases Hospitalized	0	6	44	1	1	1	1	0	0	0	0	0	0	0	0	0	3
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service	35	9	392	13	13	11	47	0	37	8	21	1,504	16	1	217	29	25
2. Cases Referred to Private Physician	1	5	16	3	0	3	2	0	0	4	3	18	0	1	24	5	0
3. Admissions to Antepartum Nursing Service	34	17	467	39	4	7	58	4	8	12	31	1,334	39	35	428	116	39
4. Visits by Antepartum Cases to Medical Conferences	82	14	910	24	40	8	71	0	115	16	36	5,303	24	1	291	45	48
5. Number of Clinic Sessions Conducted	51	12	184	21	27	13	44	0	45	14	12	248	14	0	71	16	20
6. Field Nursing Visits to Antepartum Cases	9	13	240	119	4	13	68	4	9	19	38	1,605	38	38	275	58	28
7. Office Nursing Visits to Antepartum Cases	96	64	1,085	13	4	33	162	1	0	24	20	6,587	43	37	878	255	96
8. Cases given Nursing Service at Delivery	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0
9. Cases given Service at Delivery by Certified Nurse Midwife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
10. Cases given Postpartum Medical Examinations	16	0	118	2	0	0	9	0	0	2	1	867	12	0	80	0	3
11. Admissions to Postpartum Nursing Service	2	22	431	39	8	6	59	12	7	7	15	1,399	36	41	318	134	43
12. Field Nursing Visits to Postpartum cases	14	21	769	95	7	11	96	13	6	21	17	2,090	69	72	465	223	57
13. Office Nursing Visits to Postpartum cases	16	7	135	0	1	0	2	1	1	2	2	945	13	8	106	12	15
14. Admissions for Midwife Supervision	6	4	16	1	2	4	6	0	0	1	4	14	5	9	2	18	1
15. Attendance of Midwives at Meetings	2	3	122	0	0	5	13	0	0	0	0	20	3	3	27	44	0
16. Visits for Midwife Supervision	8	20	192	1	19	6	0	0	0	1	29	29	37	35	150	27	15
17. Attendance at Maternity Classes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Cases Hospitalized	0	0	5	1	1	0	0	0	0	2	0	728	0	0	0	0	0

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Ocala	Okaloosa	Okechobee	Orange	Osceola	Palm Beach	Pasco
C. TUBERCULOSIS CONTROL (Cont.)																		
4. Pneumothoraxum Refills	0	0	275	0	0	0	0	0	0	6	0	0	0	0	0	0	336	0
5. Pneumothorax Refills	0	0	75	3	0	19	29	14	6	25	52	3	17	0	1,014	3	11	0
6. Visits to Medical Conferences	10	160	365	38	1	144	263	43	29	123	154	127	127	11	1,017	17	521	94
7. Tuberculin Test	73	175	178	175	45	239	613	647	87	297	477	39	39	39	1,192	34	208	104
8. Field Nursing Visits	639	110	726	175	175	115	58	24	14	129	193	12	12	12	1,426	96	1,080	125
9. Office Nursing Visits	45	202	37	14	1	0	28	27	13	10	18	9	9	0	498	49	1,080	276
10. Cases Hospitalized	27	12	58	9	1	15	28	27	13	55	173	35	35	17	61	3	78	15
D. MATERNITY SERVICE																		
1. Admissions to Antepartum Medical Service	73	73	342	42	16	87	94	1	0	62	18	35	35	11	386	37	421	24
2. Cases Referred to Private Physician	4	3	57	2	0	8	12	0	6	12	9	1	1	1	5	5	8	12
3. Admissions to Antepartum Nursing Service	166	86	189	64	18	77	108	24	10	68	68	34	34	29	167	37	192	30
4. Visits by Antepartum Cases to Medical Conferences	153	154	749	80	33	285	208	0	0	120	35	52	52	15	1,108	41	910	56
5. Number of Clinic Sessions Conducted	50	71	77	45	33	86	25	0	0	30	15	30	30	14	1,63	27	123	39
6. Field Nursing Visits to Antepartum Cases	421	2	325	32	26	1	158	23	13	55	173	35	35	17	294	55	429	19
7. Office Nursing Visits to Antepartum Cases	43	208	29	82	43	241	188	22	8	152	36	65	65	29	19	76	379	73
8. Cases given Nursing Service at Delivery	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2	2	0	0
9. Cases given Service at Delivery by Certified Nurse Midwife	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Cases given Postpartum Medical Examinations	42	23	129	2	0	27	48	0	0	22	3	7	7	10	149	18	150	0
11. Admissions to Postpartum Nursing Service	211	72	400	86	13	142	82	8	11	62	80	32	32	10	333	46	355	18
12. Field Nursing Visits to Postpartum cases	588	81	990	129	31	138	133	82	20	82	172	44	44	10	408	85	829	18
13. Office Nursing Visits to Postpartum cases	9	48	2	4	3	18	34	0	1	14	11	10	10	6	4	22	33	3
14. Admissions for Midwife Supervision	5	3	19	8	0	7	5	17	1	2	28	1	1	0	4	0	12	2
15. Attendance of Midwives at Meetings	33	6	115	12	0	56	52	141	3	50	1	29	10	1	29	0	46	18
16. Visits for Midwife Supervision	33	7	23	17	0	79	37	17	3	17	123	10	10	1	16	0	46	15
17. Attendance at Maternity Classes	0	0	0	0	0	0	79	0	0	0	0	4	4	0	0	0	0	0
18. Cases Hospitalized	0	0	14	0	0	0	1	0	0	0	0	0	0	4	1	0	48	1



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	TOTAL
<b>C. TUBERCULOSIS CONTROL (Cont.)</b>																
1. Admissions to Medical Service.....	738	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,938
2. Admissions to Nursing Service.....	118	0	0	0	0	0	0	0	0	0	0	0	0	0	0	858
3. Visits to Medical Conferences.....	2,257	257	40	12	13	28	18	13	45	117	29	159	2	144	14	95,367
4. Field Nursing Visits.....	1,871	226	315	8	173	19	23	39	187	75	66	428	14	28	14	10,083
5. Office Nursing Visits.....	1,820	1,207	208	202	123	419	272	112	79	129	66	1,645	39	168	81	28,428
6. Cases Hospitalized.....	684	983	72	40	16	22	16	80	84	153	12	598	61	145	21	6,423
7. Office Nursing Visits.....	136	135	27	8	5	22	29	12	8	7	3	53	4	9	3	2,134
8. Cases Hospitalized.....																
<b>D. MATERNITY SERVICE</b>																
1. Admissions to Antepartum Medical Service.....	460	280	107	121	23	23	82	47	123	33	45	69	37	39	47	10,603
2. Cases Referred to Private Physician.....	43	49	2	112	7	8	88	6	5	2	1	8	1	10	2	817
3. Admissions to Antepartum Nursing Service.....	524	330	126	195	28	28	143	79	135	33	66	230	40	41	74	11,442
4. Visits by Antepartum Cases to Medical Conferences.....	1,605	660	198	264	25	47	252	73	376	67	113	318	82	64	53	29,951
5. Number of Clinic Sessions Conducted.....	1,120	76	58	35	24	10	24	59	22	25	43	63	23	39	33	3,644
6. Field Nursing Visits to Antepartum Cases.....	704	225	39	121	6	44	275	74	84	14	197	522	61	20	45	12,559
7. Office Nursing Visits to Antepartum Cases.....	2,080	551	247	303	33	48	111	87	404	83	14	340	21	155	200	24,098
8. Cases given Nursing Service at Delivery.....	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	18
9. Cases given Service at Delivery by Certified-Nurse Midwife.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29
10. Cases given Postpartum Medical Examinations.....	187	27	32	0	7	9	38	4	3	3	11	51	4	36	19	3,611
11. Admissions to Postpartum Nursing Service.....	311	161	51	72	11	20	256	99	118	10	45	290	79	60	94	10,968
12. Field Nursing Visits to Postpartum cases.....	681	252	39	76	16	32	386	155	249	25	46	652	178	63	171	20,874
13. Office Nursing Visits to Postpartum Cases.....	205	11	32	13	3	5	22	18	9	10	1	50	5	57	36	2,643
14. Admissions for Midwife Supervision.....	11	3	23	0	2	2	1	6	4	6	7	1	8	9	4	416
15. Attendance of Midwives at Meetings.....	28	0	114	0	8	5	8	0	39	25	0	0	10	21	34	1,646
16. Visits for Midwife Supervision.....	5	44	19	3	14	9	97	30	14	44	1	68	25	52	12	2,114
17. Attendance at Maternity Classes.....	0	19	0	0	0	22	0	0	13	0	0	0	0	0	0	967
18. Cases Hospitalized.....	61	0	0	0	0	2	2	1	0	0	0	43	2	0	0	0

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
<b>E. INFANT &amp; PRESCHOOL HYGIENE</b>																	
1. Admissions to Medical Service.....	281	61	52	88	115	375	9	39	6	50	0	112	2,719	0	25	369	290
2. Admissions to Nursing Service.....	764	112	148	198	239	869	18	43	49	81	0	321	8,176	0	59	794	766
3. Visits to Medical Conferences.....	994	102	63	129	173	812	9	43	7	75	0	352	7,040	0	84	1,167	748
4. Field Nursing Visits.....	1,905	249	187	568	411	1,059	21	88	108	104	0	669	5,588	0	101	1,099	931
5. Office Nursing Visits.....	459	36	122	28	179	1,189	7	37	4	84	0	127	1,134	0	31	1,845	1,545
<b>F. SCHOOL</b>																	
1. Pupil Inspected.....	379	121	29	77	112	1,082	20	131	2	153	0	172	2,902	33	79	917	69
2. Pupil Examined.....	1,604	434	162	690	461	1,646	20	148	69	157	0	1,000	2,320	0	159	1,823	1,060
3. Admissions to Nursing Service.....	496	346	47	84	102	1,082	37	163	3	158	0	433	5,088	33	80	2,238	97
4. Visits to Medical Conferences.....	2,763	955	214	1,389	703	1,159	7	235	131	111	0	1,447	3,550	0	121	2,595	1,848
5. Field Nursing Visits.....	450	102	54	17	265	2,164	20	177	5	94	0	0	475	0	72	2,848	918
6. Office Nursing Visits.....	2	19	0	0	0	0	15	0	0	0	0	0	0	0	0	667	0
7. Number of Infant-Pre-school Clinic Sessions Conducted.....	185	40	30	22	114	87	7	38	8	59	0	140	290	5	28	126	88
8. Cases Hospitalized.....	1	0	0	0	2	6	0	0	1	0	0	0	6	0	0	14	0
<b>G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)</b>																	
1. Pupil Inspected.....	2,167	1,075	1,073	697	629	3,901	116	377	238	822	0	31	108,117	13	142	3,199	5,425
2. Pupil Examined.....	2,037	670	2,528	98	724	601	168	82	247	231	0	2,422	18,868	766	382	1,661	1,197
3. Admissions to Nursing Service.....	1,208	246	254	99	253	1,109	107	206	50	233	0	34	10,367	29	207	218	1,921
4. Field Nursing Visits.....	1,076	272	439	195	223	475	162	817	51	86	0	34	3,581	54	254	468	807
5. Office Nursing Visits.....	1,236	193	188	8	567	1,761	108	138	15	324	0	0	27,117	5	18	2,305	3,616
6. Number of Corrections Secured.....	12	16	75	226	7	373	32	39	18	193	0	0	5,443	0	3	78	54
7. Cases Hospitalized.....	0	0	6	0	6	1	0	1	1	1	0	0	0	0	0	3	5
<b>H. MORBIDITY</b>																	
1. Admissions to Medical Service.....	2,902	142	1,307	389	1,095	3,392	108	258	33	509	3	1,235	6,401	224	320	7,402	5,162
2. Field and Office Medical Visits.....	1,328	133	34	177	41	817	5	2	11	89	0	512	269	0	93	0	56
3. Field and Office Nursing Visits.....	167	136	38	51	80	2,451	42	39	115	47	0	754	0	0	132	140	428
4. Cases Hospitalized.....	0	1	2	0	9	30	1	1	0	1	0	0	0	0	0	3	0
<b>J. CANCER CONTROL</b>																	
1. Admissions to Service.....	146	14	40	49	15	109	8	23	6	23	2	24	49	19	19	394	242
2. Field Visits.....	8	17	126	71	26	198	48	68	41	41	1	5	267	116	17	31	341
3. Office Visits.....	267	18	9	37	17	362	5	38	6	36	2	94	1	18	17	383	257
4. Cases Receiving Ambulatory Treatment only.....	2	12	58	7	9	230	81	35	4	38	0	6	0	6	0	4,789	40
5. Cases Hospitalized.....	32	8	9	12	2	46	5	1	1	16	1	11	0	0	1	1	34



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Flagler	Franklin	Gadsden	Gilchrist	Clades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
<b>E. INFANT &amp; PRESCHOOL HYGIENE</b>																	
<b>INFANT</b>																	
1. Admissions to Medical Service.....	37	3	260	30	12	0	69	0	15	1	31	1,682	30	9	76	4	19
2. Admissions to Nursing Service.....	39	40	564	77	8	66	69	21	6	27	71	2,590	71	104	358	206	90
3. Visits to Medical Conferences.....	98	3	464	43	14	0	101	0	23	1	47	4,355	36	9	105	4	25
4. Field Nursing Visits.....	22	36	1,139	222	7	99	145	23	7	72	113	2,682	132	157	486	447	128
5. Office Nursing Visits.....	76	39	523	1	1	16	13	6	6	18	17	4,442	24	109	130	60	125
<b>PRESCHOOL</b>																	
6. Admissions to Medical Service.....	23	4	90	95	37	2	216	56	60	2	233	2,453	56	3	116	5	43
7. Admissions to Nursing Service.....	68	8	756	232	8	68	141	97	8	71	64	3,159	143	124	118	161	176
8. Visits to Medical Conferences.....	36	4	155	142	38	4	400	60	74	2	273	5,787	68	5	116	5	44
9. Field Nursing Visits.....	52	5	1,334	667	8	103	338	90	8	249	89	2,072	202	174	119	276	247
10. Office Nursing Visits.....	58	8	1,183	0	1	9	29	19	3	25	3	5,739	39	116	68	56	260
11. Attendance at Infant and Preschool Classes.....	0	0	0	176	32	0	0	55	0	172	0	0	1	180	0	0	0
12. Number of Infant-Preschool Clinic Sessions Conducted.....	51	5	103	47	8	1	96	2	20	1	22	371	22	13	39	2	18
13. Cases Hospitalized.....	0	0	3	1	0	0	0	0	0	0	0	4	0	4	0	2	0
<b>F. SCHOOL</b>																	
1. Pupils Inspected.....	939	867	1,835	3	161	521	98	73	265	11	1,023	21,006	73	1,021	1,402	20	106
2. Pupils Examined.....	217	218	396	906	34	103	93	198	538	407	633	1,737	765	655	1,08	8	434
3. Admissions to Nursing Service.....	703	60	113	8	53	138	2	88	162	18	208	3,233	27	534	540	5	116
4. Field Nursing Visits.....	21	65	452	18	10	210	0	69	23	155	191	2,942	151	594	99	9	56
5. Office Nursing Visits.....	1,422	43	345	1	67	800	2	33	155	8	116	3,411	184	31	660	6	363
6. Number of Corrections Secured.....	0	0	0	3	0	0	0	0	61	0	5	4,588	3	0	4	0	10
7. Cases Hospitalized.....	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0
<b>G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)</b>																	
1. Admissions to Medical Service.....	162	436	535	427	89	301	657	479	408	204	466	28,198	398	104	987	56	126
2. Field and Office Medical Visits.....																	
3. Field and Office Nursing Visits.....	24	251	20	0	19	10	694	0	54	4	65	24	14	3	48	8	30
4. Cases Hospitalized.....	0	0	3	1	0	2	389	5	42	13	150	1,510	30	237	31	128	78
<b>H. MORBIDITY</b>																	
1. Admissions to Service.....	4	38	38	15	1	22	26	20	7	3	22	619	53	19	31	11	16
2. Field Visits.....	4	24	97	17	0	93	18	14	1	14	90	103	12	59	47	17	16
3. Office Visits.....	7	56	5	34	1	20	25	31	12	10	9	1,326	82	7	19	2	28
4. Cases Receiving Ambulatory treatments only.....	0	18	5	2	0	8	1	10	0	0	3	220	20	8	20	3	0
5. Cases Hospitalized.....	1	11	30	5	0	8	3	0	5	2	2	184	12	0	17	2	5

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okechobee	Orange	Oscola	Palm Beach	Pasco
<b>E. INFANT &amp; PRESCHOOL HYGIENE</b>																	
<b>INFANT</b>																	
1. Admissions to Medical Service.....	39	25	191	5	7	93	111	0	3	46	47	30	2	357	42	379	20
2. Admissions to Nursing Service.....	364	84	494	123	31	222	124	35	77	110	174	62	8	486	155	483	54
3. Visits to Medical Conferences.....	48	98	229	5	8	172	165	0	3	58	95	40	2	582	218	1,231	29
4. Field Nursing Visits.....	1,037	86	1,296	203	77	139	282	71	170	124	314	122	10	59	160	249	32
5. Office Nursing Visits.....	23	68	1,108	5	14	193	32	17	13	115	82	51	4	41	450	226	49
<b>PRESCHOOL</b>																	
6. Admissions to Medical Service.....	8	51	237	1	0	202	223	149	55	48	219	102	1	1,481	106	117	52
7. Admissions to Nursing Service.....	881	65	758	156	40	251	367	58	123	178	341	86	13	795	491	97	118
8. Visits to Medical Conferences.....	11	65	269	1	0	474	430	149	56	105	556	106	27	2,300	234	181	83
9. Field Nursing Visits.....	1,271	37	1,390	264	79	12	370	100	438	201	695	214	27	1,107	595	185	38
10. Office Nursing Visits.....	44	65	61	0	1	611	91	33	25	364	409	24	0	41	450	226	168
11. Attendance at Infant and Preschool Classes.....	0	0	4	0	0	0	0	28	0	3	0	16	0	0	19	0	147
12. Number of Infant-Preschool Clinic Sessions Conducted.....	28	61	67	5	0	87	39	7	18	50	43	29	0	232	39	149	68
13. Cases Hospitalized.....	3	2	3	0	0	0	1	1	0	1	1	0	0	0	0	10	4
<b>F. SCHOOL</b>																	
1. Pupils Inspected.....	3,762	127	2,210	569	186	382	2,395	1,901	288	3,007	5,959	1,912	173	7,016	234	4,725	737
2. Pupils Examined.....	118	1,136	643	115	72	702	271	643	252	444	2,894	931	361	2,112	238	364	1,040
3. Admissions to Nursing Service.....	538	128	299	11	9	6	405	172	0	120	298	289	37	2,387	92	1,126	225
4. Field Nursing Visits.....	582	38	802	17	90	206	485	465	0	194	558	365	45	2,300	152	1,982	222
5. Office Nursing Visits.....	176	139	5	0	29	92	225	189	0	889	837	140	1	1,678	140	4,025	227
6. Number of Corrections Secured.....	101	1	166	0	0	19	22	14	11	349	105	38	5	96	8	247	28
7. Cases Hospitalized.....	0	0	1	0	0	0	0	4	15	2	2	0	621	11	2	29	21
<b>G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)</b>																	
1. Admissions to Medical Service.....	52	1,191	3,149	395	81	388	2,012	933	166	1,567	501	843	202	1,301	501	225	581
2. Field and Office Medical Visits.....																	
3. Field and Office Nursing Visits.....	1	116	807	13	7	2	30	0	0	1,653	9	37	10	74	20	314	87
4. Cases Hospitalized.....	263	127	10	1	452	0	14	14	8	1,280	248	194	60	134	365	698	150
<b>H. MORBIDITY</b>																	
1. Admissions to Service.....	17	21	71	14	10	48	31	0	22	47	28	30	13	53	12	138	34
2. Field Visits.....	44	28	54	18	20	13	72	0	22	84	148	31	35	2	24	80	18
3. Office Visits.....	6	25	8	6	8	71	2	0	17	120	12	29	6	150	9	400	61
4. Cases Receiving Ambulatory treatments only.....	1	4	27	2	0	64	31	0	2	16	3	16	7	95	1	104	24
5. Cases Hospitalized.....	1	5	19	6	10	39	15	0	13	12	9	11	4	52	0	43	21



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	TOTAL
<b>E. INFANT &amp; PRESCHOOL HYGIENE</b>															
<b>INFANT</b>															
1. Admissions to Medical Service.....	733	103	68	89	25	43	25	35	32	67	152	42	39	20	9,813
2. Admissions to Nursing Service.....	1,061	400	100	205	28	75	386	161	39	105	489	140	79	112	18,735
3. Visits to Medical Conferences.....	1,498	118	109	156	32	49	25	47	48	86	388	56	51	21	21,623
4. Field Nursing Visits.....	2,261	717	59	175	31	183	615	247	440	227	1,262	287	74	142	34,742
5. Office Nursing Visits.....	2,463	744	118	195	9	17	39	143	44	6	399	38	94	81	17,673
<b>PRESCHOOL</b>															
6. Admissions to Medical Service.....	985	83	105	37	32	62	1	62	22	81	379	118	47	91	15,211
7. Admissions to Nursing Service.....	1,990	298	79	58	56	60	672	179	585	17	892	473	63	155	27,599
8. Visits to Medical Conferences.....	1,884	89	122	45	37	65	1	77	288	110	790	196	51	90	26,782
9. Field Nursing Visits.....	2,413	820	64	37	69	105	1,557	322	874	18	1,099	769	16	268	38,256
10. Office Nursing Visits.....	3,464	475	101	53	14	9	1,119	85	108	59	825	151	74	85	22,510
11. Attendance at Infant and Preschool Classes.....	0	0	0	0	0	0	0	22	0	0	0	0	0	0	1,558
12. Number of Infant-Preschool Clinic Sessions Conducted.....	166	22	73	30	39	12	24	58	23	42	174	43	32	24	3,800
13. Cases Hospitalized.....	16	0	0	1	0	0	0	0	0	0	2	0	0	1	90
<b>F. SCHOOL</b>															
1. Pupils Inspected.....	35,680	128	3,189	80	93	14,401	16,835	1,895	198	149	12,647	415	447	350	279,845
2. Pupils Examined.....	7,411	436	1,311	186	502	711	1,753	1,028	445	188	1,273	294	840	149	82,763
3. Admissions to Nursing Service.....	2,910	6	1,189	15	259	543	961	117	255	40	2,021	62	595	59	35,833
4. Field Nursing Visits.....	3,438	16	610	96	238	802	2,708	143	373	9	1,552	63	35	141	82,570
5. Office Nursing Visits.....	2,872	13	2,205	1	235	73	532	112	89	25	2,285	198	792	104	68,806
6. Number of Corrections Secured.....	5,183	0	0	0	8	104	0	15	42	8	384	7	46	4	18,592
7. Cases Hospitalized.....	53	0	0	0	4	5	0	0	1	1	19	0	0	0	18,837
<b>G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)</b>															
1. Admissions to Service.....	12,925	51	623	0	306	463	6	554	257	187	931	208	702	449	96,799
2. Field Visits.....	1,597	22	230	1	164	42	1	137	43	8	140	0	0	30	10,672
3. Office Visits.....	994	1,024	204	56	275	94	19	44	1	6	191	0	0	9	17,049
4. Cases Hospitalized.....	7	99	2	0	0	7	0	2	0	0	0	1	0	0	310
<b>H. MORBIDITY</b>															
1. Admissions to Service.....	162	205	32	42	40	26	11	38	27	19	133	18	26	23	3,538
2. Field Visits.....	73	22	49	109	41	64	24	88	12	17	49	79	7	28	3,363
3. Office Visits.....	340	528	33	8	42	8	5	39	58	41	25	209	17	29	5,581
4. Cases Receiving Ambulatory treatments only.....	54	101	0	18	9	8	1	14	8	31	5	44	22	13	6,365
5. Cases Hospitalized.....	67	43	10	4	13	5	3	9	12	7	29	1	15	16	1,458

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
<b>K. DIABETES</b>																	
1. Admissions to Service.....	5	12	32	0	17	51	4	9	9	11	4	23	1	1	16	6	56
2. Field Visits.....	8	7	123	0	90	101	16	56	14	16	4	100	12	0	38	12	51
3. Office Visits.....	0	0	1	0	0	2	0	26	0	0	0	0	0	0	7	0	184
4. Instruction Class Enrollment.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>L. CRIPPLED CHILDREN</b>																	
1. Admissions to Service.....	125	27	163	32	43	109	11	41	20	21	0	26	12	22	15	11	195
2. Field Visits.....	319	32	135	112	99	246	70	118	27	82	0	30	25	32	55	17	398
3. Office Visits.....	11	17	21	6	23	52	4	42	3	19	0	1	1	0	9	0	70
4. Clinic Visits.....	424	27	208	77	17	2	39	42	1	51	0	1	0	4	0	1	77
5. Cases Hospitalized.....	29	0	17	3	3	2	1	1	3	4	0	1	0	0	0	1	1
<b>M. DENTAL HYGIENE</b>																	
1. Admissions to Service.....	544	0	124	0	0	0	0	21	1	70	0	0	471	5	73	86	187
2. Preschool Inspections.....	0	0	0	0	0	0	0	0	0	70	0	0	0	6	0	0	0
3. School Inspections.....	0	0	208	0	0	0	0	0	84	0	0	0	13,158	0	20	17,132	518
4. Inspections (Other).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Individuals Completed.....	0	0	67	0	0	0	0	25	0	0	0	0	198	0	53	16	82
6. Fluoride Treatments Completed.....	544	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>P. SANITATION</b>																	
1. Approved Water Supplies Installed																	
(A) Private and Semi-Public.....	0	8	2	0	3	210	0	2	0	1	0	91	112	1	0	28	284
(B) New Public Water Connections.....	1	3	0	1	72	1	1	0	1	0	0	5	480	0	0	382	824
(C) Approved Drinking Fountains Installed.....	0	0	0	3	0	6	0	0	0	5	0	0	18	0	0	0	0
2. New Specification Privies Installed.....	253	8	57	5	3	80	6	1	1	0	0	25	0	0	6	8	15
3. Privies Restored to Sanitary Condition.....	5	2	40	6	0	277	0	0	10	0	0	27	0	0	0	4	2
4. Percolation Water Table or Soil Log Tests.....	105	0	35	24	33	239	0	4	5	92	0	9	22	5	0	1,964	467
5. New Specification Septic Tank Installed.....	205	20	406	40	319	2,939	50	6	26	85	0	478	898	9	13	1,555	1,072
6. Septic Tanks Restored to Sanitary Condition.....	35	2	4	23	10	48	8	1	6	9	0	48	326	1	2	33	35
7. New Public Sewer Connections.....	0	9	35	3	16	8	1	1	2	0	0	13	4	2	1	1	14
<b>FIELD VISITS (8-17)</b>	4,777	355	4,414	684	1,394	14,204	419	369	598	1,015	98	1,940	51,086	235	238	8,260	11,887



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	HIGHLANDS	HILLSBOROUGH	Holmes	Indian River	Jackson	Jefferson	Lafayette
<b>K. DIABETES</b>																	
1. Admissions to Service.....	1	15	23	7	2	10	12	1	20	11	5	13	28	16	2	5	7
2. Field Visits.....	0	9	15	1	4	53	3	0	0	2	15	46	28	37	0	0	4
3. Office Visits.....	14	21	40	22	12	31	0	1	96	33	23	14	313	43	8	176	51
4. Instruction Class Enrollment.....	0	0	0	0	0	1	0	0	0	0	0	1	63	0	0	0	0
<b>L. CRIPPLED CHILDREN</b>																	
1. Admissions to Service.....	3	44	56	11	7	23	12	3	23	8	13	29	71	88	133	24	28
2. Field Visits.....	9	43	280	39	11	107	3	45	10	50	50	46	106	355	79	86	130
3. Office Visits.....	3	3	13	0	5	8	5	5	0	0	0	23	39	20	12	7	14
4. Clinic Visits.....	5	50	116	24	0	32	14	151	0	0	15	291	26	88	201	4	33
5. Cases Hospitalized.....	0	0	27	0	0	5	3	21	0	3	1	161	13	3	1	0	5
<b>M. DENTAL HYGIENE</b>																	
1. Admissions to Service.....	0	2	143	0	0	0	0	0	0	0	0	2,102	0	20	939	0	0
2. Preschool Inspections.....	0	0	0	0	0	0	0	0	0	0	0	92	0	0	0	0	0
3. School Inspections.....	0	1	143	0	0	0	0	0	0	0	0	1,151	0	11	939	0	0
4. Inspections (Other).....	0	1	0	0	0	0	0	0	0	0	0	667	0	0	0	0	0
5. Individuals Completed.....	0	2	140	0	0	0	0	0	0	0	0	5,087	0	32	99	0	0
6. Fluoride Treatments Completed.....	0	0	1,271	0	0	0	0	0	0	0	0	894	0	0	303	0	0
<b>P. SANITATION</b>																	
1. Approved Water Supplies Installed	7	2	49	0	0	2	0	0	0	0	0	35	10	0	0	5	0
(A) Private and Semi-Public.....	63	0	235	0	0	105	0	0	0	0	24	1,293	28	0	0	0	1
(B) New Public Water Connections.....																	
(C) Approved Drinking Fountains Installed.....	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0
2. New Specification Privies Installed.....	1	7	120	5	0	8	0	0	0	0	7	3	106	1	4	6	1
3. Privies Restored to Sanitary Condition.....	0	1	254	1	0	6	1	1	0	0	0	3	67	10	4	3	0
4. Percolation Water Table or Soil Log Tests.....	6	19	0	0	0	5	6	0	0	0	0	8	702	5	35	19	6
5. New Specification Septic Tank Installed.....	21	12	81	47	16	36	11	12	27	6	125	1,961	26	171	43	4	11
6. Septic Tanks Restored to Sanitary Condition.....	0	7	49	27	11	1	1	2	5	0	9	102	16	24	0	0	0
7. New Public Sewer Connections.....	0	2	142	0	0	50	0	2	0	9	20	648	10	2	0	1	0
<b>FIELD VISITS (8-17)</b>	416	748	1,457	1,280	129	550	585	627	171	406	1,480	30,334	415	3,106	498	529	91

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	NASSAU	OKALOOSA	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco
<b>K. DIABETES</b>																		
1. Admissions to Service.....	25	13	6	8	8	13	54	10	12	24	24	22	12	12	52	13	14	11
2. Field Visits.....	80	1	18	10	10	1	162	21	24	22	22	66	8	25	15	68	15	6
3. Office Visits.....	5	98	0	13	13	49	0	2	14	537	1	0	0	5	296	0	0	2
4. Instruction Class Enrollment.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>L. CRIPPLED CHILDREN</b>																		
1. Admissions to Service.....	53	18	308	23	9	42	96	65	22	47	15	32	32	26	160	20	5	89
2. Field Visits.....	111	19	172	67	57	31	258	173	33	103	59	99	9	131	288	53	40	119
3. Office Visits.....	10	16	10	5	5	69	18	7	1	86	4	4	2	2	6	8	10	15
4. Clinic Visits.....	4	15	644	53	2	197	142	0	22	98	0	3	5	24	1	1	8	124
5. Cases Hospitalized.....	5	0	16	6	1	3	10	2	3	2	5	5	5	0	0	0	2	15
<b>M. DENTAL HYGIENE</b>																		
1. Admissions to Service.....	0	0	0	0	0	41	0	0	0	0	0	158	0	0	1,225	0	262	0
2. Preschool Inspections.....	0	0	0	0	0	2	0	0	0	0	0	0	0	0	187	0	0	0
3. School Inspections.....	0	0	0	0	0	209	0	0	0	0	0	498	0	0	5,906	0	97	12
4. Inspections (Other).....	0	0	0	0	0	23	0	0	0	0	0	2	0	0	108	0	12	0
5. Individuals Completed.....	0	0	0	0	0	23	0	0	0	0	0	0	0	0	650	0	311	0
6. Fluoride Treatments Completed.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>P. SANITATION</b>																		
1. Approved Water Supplies Installed	8	0	2	12	0	0	202	16	0	8	5	5	0	0	27	21	50	11
(A) Private and Semi-Public.....	178	0	0	1	0	24	413	147	0	4	69	0	0	0	382	10	36	0
(B) New Public Water Connections.....																		
(C) Approved Drinking Fountains Installed.....	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	1	0
2. New Specification Privies Installed.....	3	0	5	16	3	25	31	3	1	3	0	4	4	0	15	3	1	2
3. Privies Restored to Sanitary Condition.....	1	8	0	7	0	27	70	1	0	12	10	1	1	0	8	0	4	2
4. Percolation Water Table or Soil Log Tests.....	8	43	49	7	1	49	2	123	0	0	22	80	80	0	304	6	259	2
5. New Specification Septic Tank Installed.....	477	266	300	30	7	32	807	199	20	73	112	231	231	0	1,777	60	1,828	43
6. Septic Tanks Restored to Sanitary Condition.....	9	5	7	17	2	24	22	10	0	11	6	9	9	0	22	3	56	10
7. New Public Sewer Connections.....	18	157	39	0	0	16	447	83	0	9	2	118	118	1	149	23	1	3
<b>FIELD VISITS (8-17)</b>	3,411	1,417	3,246	960	173	610	3,194	2,363	565	1,034	946	2,016	326	10,722	986	3,923	688	



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	TOTAL
<b>K. DIABETES</b>																
1. Admissions to Service.....	10	23	33	3	3	16	5	15	42	0	13	61	13	16	7	1,318
2. Field Visits.....	36	46	29	29	6	86	5	10	11	0	136	115	59	19	12	1,855
3. Office Visits.....	12	97	30	6	14	7	0	15	319	0	21	238	25	115	11	4,948
4. Instruction Class Enrollment.....	0	0	0	0	0	0	0	0	0	0	0	0	13	38	0	318
<b>L. CRIPPLED CHILDREN</b>																
1. Admissions to Service.....	45	18	27	42	119	42	54	24	126	40	21	142	28	65	10	3,694
2. Field Visits.....	80	26	177	160	166	117	199	73	131	73	95	460	60	82	33	7,565
3. Office Visits.....	21	7	7	15	44	10	10	19	4	5	2	24	3	27	8	1,040
4. Clinic Visits.....	33	3	0	24	212	116	105	0	74	102	32	164	0	47	162	4,431
5. Cases Hospitalized.....	5	0	0	3	17	12	14	2	2	0	8	9	0	4	4	468
<b>M. DENTAL HYGIENE</b>																
1. Admissions to Service.....	1,183	0	0	0	318	3	0	113	10	0	0	2,317	0	0	0	10,493
2. Preschool Inspections.....	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	365
3. School Inspections.....	20,393	0	0	0	423	25	0	112	0	0	0	2,323	0	0	0	63,360
4. Inspections (Other).....	1,133	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1,949
5. Individuals Completed.....	602	0	0	0	0	4	0	57	117	0	0	140	0	0	0	7,698
6. Fluoride Treatments Completed.....	0	0	0	0	312	0	0	0	0	0	0	0	0	0	0	3,324
<b>P. SANITATION</b>																
1. Approved Water Supplies Installed																
(A) Private and Semi-Public.....	5	72	15	1	1	133	21	0	2	4	0	8	1	0	3	1,936
(B) New Public Water Connections.....	0	537	2	0	0	143	3	0	0	0	0	9	0	12	0	5,512
(C) Approved Drinking Fountains Installed.....	0	13	2	0	0	2	8	0	8	0	0	0	0	28	0	101
2. New Specification Privies Installed.....	22	24	7	35	0	7	19	1	20	18	21	0	2	27	5	1,063
3. Privies Restored to Sanitary Condition.....	22	40	0	6	0	84	1	2	2	2	2	0	0	6	0	1,051
4. Percolation Water Table or Soil Log Tests.....	3,068	686	151	16	3	38	87	6	21	5	0	152	21	4	5	9,037
5. New Specification Septic Tank Installed.....	2,912	1,323	140	186	3	824	257	15	29	21	16	401	11	169	42	23,342
6. Septic Tanks Restored to Sanitary Condition.....	51	293	0	4	2	35	26	4	2	0	0	32	8	6	1	1,523
7. New Public Sewer Connections.....	168	810	4	13	3	167	1	0	16	4	14	67	0	10	45	3,392
FIELD VISITS (8-17).....	12,739	6,512	889	1,166	342	2,722	1,627	223	740	697	1,293	3,645	258	1,191	156	215,475

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
<b>R. PROTECTION OF FOOD AND MILK</b>																	
1. Food-Handling Establishments Registered for Supervision.....	274	37	362	44	129	544	35	29	37	92	0	139	5,002	20	17	719	368
2. Field Visits to Food-handling Establishments.....	1,826	160	2,386	447	765	2,128	272	213	180	534	0	1,165	35,635	323	143	1,923	874
3. Food Handler's Courses Conducted.....	11	0	6	0	3	2	0	0	0	2	0	0	213	1	0	2	2
4. Number of Certificates Awarded Persons.....	94	0	190	0	154	26	0	0	0	825	0	0	2,932	16	0	158	40
5. Number of Certificates awarded Establishments.....	4	0	3	0	56	0	0	0	0	4	0	0	0	2	0	0	3
6. Dairy Farms Registered for Supervision.....	39	1	8	3	12	6	11	3	1	4	0	7	92	6	1	1	103
7. Field Visits to Dairy Farms.....	336	3	210	49	70	191	134	40	6	27	0	128	1,803	91	1	1	590
8. Milk and Milk Products Plants Registered for Supervision.....	16	4	6	1	3	10	0	2	0	1	0	7	83	2	1	1	10
9. Field Visits to Milk and Milk Products Plants.....	185	4	133	27	4	228	0	9	0	8	0	71	3,293	39	1	2	133
10. Cows Tuberculin Tested.....	0	0	196	2	2	0	734	0	1	0	0	553	15,100	0	0	0	3,364
11. Cows Bangs Tested.....	0	0	196	2	0	1	362	0	96	0	0	452	48	0	40	0	2,014
<b>S. MOSQUITO CONTROL</b>																	
1. Surveys and Field Visits.....	0	2	17	32	0	0	0	0	1	0	1	0	0	0	0	1	152
2. Buildings Mosquito Proofed.....	0	0	0	4	0	0	1	0	0	0	0	0	0	0	0	1,492	0
3. Drainage—Linear Feet Completed.....	0	0	0	9,570	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Mosquito Breeding Places Eliminated.....	3	2	14	2	2	0	0	0	0	0	0	0	0	0	0	0	1
5. Breeding Places Controlled—Acres.....	0	0	0	0	0	0	0	2	5	0	0	0	0	0	0	0	3
6. Structures Sprayed with D.D.T.....	5	10	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>T. RODENT CONTROL</b>																	
1. Premises Rat-proofed.....	0	0	0	1	1	0	0	0	0	0	0	0	181	0	0	0	0
2. Premises dusted, trapped or poisoned.....	1	26	2	77	0	0	0	0	47	0	0	0	13,094	1	1	0	149
3. Field Visits.....	0	1	5	128	2	0	0	2	130	0	0	0	16,025	0	0	0	170
<b>V. GENERAL ADMINISTRATION</b>																	
1. Visits in the interest of Vital Statistics.....	89	38	134	8	67	336	18	106	18	34	0	94	617	51	53	0	256
2. Lectures, Talks and Motion Picture Showings.....	70	6	307	24	53	160	7	127	24	69	5	15	529	3	586	21	251
3. Radio Talks Delivered.....	6	0	4	0	0	4	0	0	0	0	0	0	7	0	0	0	6
4. News Articles Published.....	2	0	15	19	16	195	2	22	0	20	0	2	159	5	23	0	35
<b>X. LABORATORY—Specimens Examined (1-28)</b>	20,216	3,839	9,060	8,161	4,564	16,849	1,031	856	1,828	7,862	81	4,256	167,279	783	1,461	22,587	24,806



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Flagler	Franklin	Cadalen	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
<b>R. PROTECTION OF FOOD AND MILK</b>																	
1. Food-Handling Establishments Registered for Supervision	27	34	60	7	12	113	88	86	42	14	107	2,376	68	59	11	24	15
2. Field Visits to Food-handling Establishments	102	220	295	270	52	949	203	294	235	85	578	12,589	250	337	201	141	74
3. Food Handler's Courses Conducted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Number of Certificates Awarded	0	0	0	0	3	0	0	0	40	0	0	282	0	127	40	0	0
5. Number of Certificates awarded	0	0	0	0	1	0	0	0	6	0	0	14	0	13	1	0	0
6. Dairy Farms Registered for Supervision	1	1	13	1	11	2	2	8	6	1	2	135	31	8	32	9	28
7. Field Visits to Dairy Farms	1	4	137	28	208	23	9	136	131	14	34	915	177	75	411	140	243
8. Milk and Milk Products Plants Registered for Supervision	0	0	1	2	2	0	1	1	0	0	1	33	1	6	2	1	0
9. Field Visits to Milk and Milk Products Plants	0	0	1	28	20	0	1	16	0	0	19	807	19	75	12	6	0
10. Cows Tuberculin Tested	357	102	754	0	0	283	0	14	0	0	0	14,561	413	0	273	317	141
11. Cows Banged Tested	173	35	747	0	17	156	0	14	94	0	0	2,875	305	0	0	309	1,122
<b>S. MOSQUITO CONTROL</b>																	
1. Surveys and Field Visits	0	18	36	0	0	0	0	0	0	0	0	381	9	1	0	1	0
2. Buildings Mosquito Proofed	0	0	131	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Drainage—Linear Feet Completed	0	3,750	0	0	3,312	0	0	0	0	0	0	38,467	0	0	0	0	0
5. Mosquito Breeding Places Eliminated	0	6	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
6. Breeding Places Controlled—Acres	0	20	0	0	0	0	0	0	0	10	0	11,267	0	0	0	0	0
8. Structures Sprayed with D.D.T.	0	5	106	0	0	0	0	0	0	0	0	0	6	0	1	0	0
<b>T. RODENT CONTROL</b>																	
1. Premises Rat-proofed	0	0	0	0	0	0	0	0	0	0	0	0	0	26	0	1	0
2. Premises dusted, trapped or poisoned	0	14	104	0	0	0	0	0	0	0	0	0	49	74	1	7	0
5. Field Visits	0	19	39	0	0	0	0	0	0	0	0	0	82	48	0	16	0
<b>V. GENERAL ADMINISTRATION</b>																	
1. Visits in the Interest of Vital Statistics	21	19	138	51	3	42	15	6	7	0	17	3	11	23	159	11	18
2. Lectures, Talks and Motion Pictures Showings	27	2	99	14	0	85	4	20	3	107	71	640	28	46	57	43	41
4. Radio Talks Delivered	0	0	2	0	0	0	0	0	0	0	0	4	1	0	0	0	0
5. News Articles Published	17	18	15	0	9	48	14	0	13	20	27	70	46	30	10	5	10
<b>X. LABORATORY—Specimens Examined (1-23)</b>	1,401	3,622	10,686	548	574	8,962	2,513	1,490	1,210	1,849	2,916	83,558	3,054	1,393	6,771	1,556	963

TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okechobee	Orange	Osceola	Palm Beach	Pasco
<b>R. PROTECTION OF FOOD AND MILK</b>																	
1. Food-Handling Establishments Registered for Supervision	135	110	301	88	15	26	246	96	82	95	57	53	26	289	68	162	161
2. Field Visits to Food-handling Establishments	622	604	1,835	328	95	280	627	483	301	468	285	521	172	1,853	884	1,122	598
3. Food Handler's Courses Conducted	0	1	1	0	0	0	0	0	5	0	0	0	2	0	2	3	0
4. Number of Certificates Awarded	0	89	17	0	0	0	0	0	44	0	0	0	82	0	63	76	4
5. Number of Certificates awarded	0	20	2	0	0	0	0	0	17	0	0	0	12	0	5	9	0
6. Dairy Farms Registered for Supervision	12	6	40	2	1	11	29	22	1	0	2	8	2	0	0	3	5
7. Field Visits to Dairy Farms	104	69	487	13	14	165	505	225	38	0	2	35	15	0	41	334	54
8. Milk and Milk Products Plants Registered for Supervision	8	5	9	0	0	1	2	5	0	6	2	2	4	0	2	12	0
9. Field Visits to Milk and Milk Products Plants	74	40	334	0	0	18	64	75	0	20	3	2	12	0	5	703	0
10. Cows Tuberculin Tested	732	0	1,110	0	0	546	1,074	500	0	0	0	0	0	0	0	41	0
11. Cows Banged Tested	0	0	2,875	0	0	643	1,074	657	0	0	0	88	0	0	0	0	0
<b>S. MOSQUITO CONTROL</b>																	
1. Surveys and Field Visits	2,850	3	645	1	0	51	0	11,877	0	32,973	6	2	1	0	0	2	0
2. Buildings Mosquito Proofed	247	0	0	0	1	0	0	0	0	13,441	44	0	0	0	0	0	0
3. Drainage—Linear Feet Completed	2,822	0	3,762	0	0	10,280	0	0	0	0	0	0	0	0	0	0	0
5. Mosquito Breeding Places Eliminated	2	0	1	1	0	1	0	1,198	0	0	0	0	0	0	0	0	0
6. Breeding Places Controlled—Acres	11,407	0	1,399	0	0	5	0	0	7,896	0	0	0	0	0	0	0	0
8. Structures Sprayed with D.D.T.	2,008	0	1	1	0	19	0	1,147	0	5,785	0	4	0	0	2	1	0
<b>T. RODENT CONTROL</b>																	
1. Premises Rat-proofed	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premises dusted, trapped or poisoned	530	0	376	267	0	646	0	1,378	0	0	38	1	0	0	16	4	41
5. Field Visits	1,056	0	639	180	8	671	0	2,341	0	24	0	0	0	0	2	20	159
<b>V. GENERAL ADMINISTRATION</b>																	
1. Visits in the Interest of Vital Statistics	84	0	28	33	2	28	173	0	9	442	89	6	28	24	21	55	27
2. Lectures, Talks and Motion Pictures Showings	54	38	90	15	27	81	216	28	10	45	190	178	43	193	147	395	12
4. Radio Talks Delivered	6	2	5	0	0	0	1	0	18	0	13	10	4	0	0	0	0
5. News Articles Published	3	2	249	4	1	13	125	0	18	61	58	10	3	36	8	43	45
<b>X. LABORATORY—Specimens Examined (1-23)</b>	3,591	3,916	25,078	3,517	932	2,748	7,099	4,529	1,657	7,040	10,838	3,845	1,442	10,206	3,225	14,101	2,898



TABLE 14 (continued)  
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1952

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Walton	Washington	TOTAL
<b>R. PROTECTION OF FOOD AND MILK</b>															
1. Food-Handling Establishments Registered for Supervision.....	1,893	893	94	102	48	198	118	50	42	28	46	925	35	62	17,586
2. Field Visits to Food-handling Establishments.....	8,685	2,616	226	190	181	816	546	328	741	82	111	7,228	201	440	99,404
3. Food Handler's Courses Conducted.....	19	0	0	7	0	0	0	0	0	0	0	0	0	0	293
4. Number of Certificates Awarded.....	265	0	0	64	0	0	0	0	0	0	0	0	0	0	5,631
5. Number of Certificates awarded Establishments.....	0	0	0	7	0	0	0	0	0	0	0	0	0	0	179
6. Dairy Farms Registered for Supervision.....	48	87	7	4	28	26	8	6	18	4	7	21	17	23	1,024
7. Field Visits to Dairy Farms.....	783	475	43	8	105	207	31	103	294	43	46	844	131	260	11,340
8. Milk and Milk Products Plants Registered for Supervision.....	45	19	3	2	0	3	6	1	1	1	3	5	2	2	349
9. Field Visits to Milk and Milk Products Plants.....	786	205	28	2	0	141	25	10	67	5	3	173	15	33	8,035
10. Cows Tuberculin Tested.....	4,336	0	371	1	83	654	145	0	145	0	74	0	39	409	47,822
11. Cows Banged Tested.....	1,750	0	0	7	0	0	146	5	418	6	62	0	218	375	16,431
<b>S. MOSQUITO CONTROL</b>															
1. Surveys and Field Visits.....	0	6	0	1	2	0	19	4	0	23	0	71	104	0	49,307
2. Buildings Mosquito Proofed.....	0	9	0	0	0	0	0	0	2	0	48	0	0	0	15,420
3. Drainage—Linear Feet Completed.....	0	4,950	0	0	0	0	0	0	0	0	0	23,628	0	0	100,541
4. Mosquito Breeding Places Eliminated.....	0	0	0	0	0	0	0	0	0	1	0	439	0	0	1,683
5. Breeding Places Controlled—Acres.....	0	0	0	0	0	0	0	0	0	0	0	400	0	0	32,507
6. Structures Sprayed with D.D.T.....	0	0	0	1	2	0	2	11	5	20	0	6	2,546	0	11,702
<b>T. RODENT CONTROL</b>															
1. Premises Rat-proofed.....	53	0	0	0	0	0	2	0	0	0	0	0	0	0	305
2. Premises dusted, trapped or poisoned.....	2,636	13	0	1	425	7	48	6	0	1	0	2	3	146	21,708
3. Field Visits.....	5,434	13	0	0	436	255	75	7	0	2	0	10	3	0	26,059
<b>V. GENERAL ADMINISTRATION</b>															
1. Visits in the interest of Vital Statistics.....	9	824	4	2	14	38	3	0	3	40	23	37	16	4	4,490
2. Lectures, Talks and Motion Picture Showings.....	668	24	42	19	41	660	321	24	228	34	8	87	9	56	7,523
3. Radio Talks Delivered.....	5	2	5	0	0	0	0	0	15	0	0	7	0	13	135
4. News Articles Published.....	165	16	9	0	17	17	16	12	5	10	7	10	0	6	1,865
<b>X. LABORATORY—Specimens Examined (1-23)</b>	35,179	9,908	2,748	1,498	2,696	3,285	2,964	2,783	3,602	1,600	4,023	7,479	4,961	2,057	3,716,623,746

## DIVISION OF PUBLIC HEALTH NURSING

RUTH E. METTINGER, R.N., Director

The Division of Public Health Nursing has tried to be mindful of the opportunity to assist the bureau and division directors in planning nursing programs in each service.

Even though there is an acute shortage of nurses in the country, Florida has been fortunate in being able to fill most of her vacancies. There were only nine vacancies in the State at the end of the year.

As of December 31, 1952, 353 nurses were employed by official health agencies, 47 by non-official agencies, 14 by boards of education and 8 by the Florida Crippled Children's Commission, making a total of 422

## IN-SERVICE EDUCATION PROGRAM

A series of four 5-day institutes were held in the early part of 1952 on infantile paralysis. To encourage nurses from all fields to attend the institute, the State Hospital Association and the State Nurses' Association were asked to have representatives on the planning committee in addition to the two field representatives for the National Foundation for Infantile Paralysis, the Director of Preventable Diseases and the Director of Public Health Nursing. The institute was under the auspices of the National Foundation for Infantile Paralysis. Two representatives from the Joint Orthopedic Nursing Advisory Service gave theory and demonstration.

The great need for further information on the care of the premature infant prompted two institutes on this subject. These were held in Miami and Jacksonville, with approximately 150 institutional, public health, and private duty nurses in attendance. A representative from the Children's Bureau gave the nursing aspects of the care of the premature.

The Director assisted the Duval County Cancer Society in planning a cancer institute which was held in Jacksonville for nurses in the northern part of the State. Dr. Vera Fry, New York University, was one of the main participants in the program.

The Bureau of Maternal and Child Health of the State Board of Health sponsored a seminar on obstetrics, to which public health nurses from South Carolina, Georgia, and Florida were invited. A special session was held during the seminar for public health nurses, with two of the outstanding participants giving newer methods in the care of obstetrical patients.

It has been impossible to secure a sufficient number of nurses with public health training and experience to cover the counties, but the Field Training Center has served as a means of giving the unprepared



nurses an orientation so that they will have some knowledge of how to carry out a generalized program.

Interest in the regular monthly in-service study group meetings has continued to increase. Many of the study programs would compare favorably with a college extension course. Due to the distance involved in getting a class of eight or more together, there are one or two areas not yet organized in study groups.

One consultant taught three instructor classes of the Red Cross course, "Home Care of the Sick". This has helped the nurses to understand how to improvise in the home and teach the patients how to care for themselves and their families.

#### ADVANCED EDUCATION

Six nurses enrolled in the six-weeks summer course at Florida State University, studying some of the basic subjects which are included in the approved course in public health nursing. These carried 6 credits that can be applied to courses in public health nursing offered by universities.

Public Health Nurses were encouraged to attend the two-weeks course in Audiology at the University of Florida, conducted by Roger Bertram Mass, Ed.D., Hearing Consultant and Supervisor of Exceptional Children, Marathon County Schools, Wausau, Wisconsin. Seven nurses registered, having their expenses paid by the Bureau of Maternal and Child Health which sponsored the course.

Four scholarships were given to nurses for a year's program of study in public health nursing. Nurses were permitted to select a university offering an approved course in public health nursing. Several others, at their own expense, have completed the program of study in Public Health Nursing or obtained a Bachelor's Degree in public health nursing.

#### SCHOOL PROGRAM

The number of invitations to participate in the two weeks' pre-school conferences attests to the increased interest in improving the school health programs. The Nursing Division personnel attended as many of these as time would permit.

#### NURSING MANUAL

The policy and procedure manual for public health nurses was revised this year. Committees, representing local supervisors and staff nurses, worked diligently to bring the material up-to-date. This Division then assumed the responsibility of organizing, editing the material, and publishing.

#### MIDWIVES

Three hundred and sixty-five midwives were licensed for the year of 1952, which was fifty eight less than last year. This no doubt is due to additional hospital beds, cases being referred to private physicians, retirement of older midwives and the receiving of old-age pensions. If, in the opinion of the health officer additional midwives are needed in his county, younger women are selected, interviewed by the midwife teacher, and a course of instruction is given.

The state midwife teacher conducted 26 institutes, visited 22 counties, and revisited 11 of the counties which required additional work with midwives who were unable to attend the institutes. At these institutes, demonstrations were given on the conduct of normal home delivery and care of the newborn, including the premature infant. Midwives were required to participate in the demonstrations. Visual aids included films on normal delivery, nutrition during pregnancy and mental health.

The state midwife teacher was invited to participate in a meeting of the President's Commission on the Health Needs of the Nation.

#### FIELD VISITS TO COUNTIES

In conformity with the established policy of the nursing division, work during the calendar year continued to place emphasis upon the strengthening of existing county public health nursing programs, the introduction of new nurses to county health departments, the newer trends in the field of public health nursing, the interpretation of public health policies, and assistance with inservice staff study group meetings; maternal and child health programs; more and earlier care for prenatal patients, health supervision of infants, and more demonstrations of nursing care. The more effective use of the nurses' existing teaching tools and the development of new teaching methods was also stressed.

A total of 90 visits to 51 counties were made.

#### FIELD EXPERIENCE

Emory University requested three months' field experience for six student nurses completing their Bachelor's Degree in nursing. This school hopes to be accredited by the National League for Nursing for first level positions in public health nursing, therefore it is required that they have this experience. Three of the county health departments accepted these students.

Vanderbilt University, George Peabody College for Teachers, and the University of North Carolina have continued to send graduate students to three county health departments for field experience.

Field experience for the senior students in the diploma schools for nursing, has been a problem. At the annual meeting of the State League for Nursing, a committee was appointed to work out plans whereby better



experience would be given over shorter periods of time, distributed throughout the 3 years of training.

#### VISITING NURSE ASSOCIATIONS

The director has been called upon to assist with the promotion of additional Visiting Nurse Associations. Two associations (Hillsborough and Sarasota Counties) were organized during 1952 as coordinated services with the county health department. This makes a total of seven Visiting Nurse Associations in the State.

#### CIVIL DEFENSE

Classes in Nursing Aspects of Atomic Warfare have been taught by two of the state consultants. To date, more than 1,000 nurses have taken the course, and are giving this instruction to other nurses in their respective communities.

Representatives from the nursing division assisted a committee in compiling an instructor's manual on Nursing Aspects of Atomic Warfare. This was approved by the State medical director on Civil Defense and mimeographed by the state Civil Defense office.

#### FIELD TECHNICAL STAFF

J. L. WARDLAW, JR., M.D., M.P.H.,  
Director

During 1952 there were several changes in the personnel of the Field Technical Staff. In October Dr. J. L. Wardlaw, Jr., assumed the full-time directorship of the Division, relieving Dr. K. E. Miller, the acting director, who retired. The Staff now has its full strength with a director, two nursing consultants, two sanitation consultants and two record consultants.

The purpose of the Field Technical Staff is purely consultative, advisory and demonstrative, and the Staff has no regulatory authority. Except for those to new employees, visits are made almost entirely at the request of local health units. The accomplishments of the Staff in this type of program are difficult to measure but some idea of the scope of activities is given by the following data:

TABLE 15

CONSULTANT	Counties Visited	Number of Visits	TYPE VISIT		PERSONS SERVED				
			Routine	Request	Old Employee	New Employee	Health Officer	Group	Other
Record.....	56	89	64	25	54	19	5	3	8
Sanitation.....	51	78	25	53	38	8	33	31	11
Nursing.....	27	40	13	27	24	12	13	19	4
TOTAL.....	—	207	102	105	116	39	51	53	23

The difference between the numbers of counties visited and visits made by the nursing consultants and those of the record and sanitation consultants is accounted for by the fact that the nurses were working in restricted districts while the other two types of consultants were working throughout the state as a whole. In addition to the visits enumerated above, personnel of the Staff participated in and assisted the counties with the preparation of evaluation schedules, and restaurant and other specific types of surveys in various counties.

In addition to his duties with the Field Technical Staff the director has been assigned the duty of coordinating the State Board of Health's activities in civil defense and in its portion of the program of hospital and health center construction and hospital licensure.

#### CIVIL DEFENSE

In Florida the functions of public health and of medical care have been separated. The following are some of the major items allocated to the health department in the civil defense field:

1. Conduct of routine and added public health functions.



2. Responsibility for radiological training and monitoring.
3. Responsibility for the blood program.
4. Responsibility for identification of victims and the disposal of the dead.
5. Stockpiling and storage of biologicals and drugs.

Due to a restricted staff and urgency of the normal public health functions it has not been possible to devote as much time to the civil defense activities as we would have liked but there has been some activity in the first four of the above fields. However, because qualified personnel were available, the main civil defense activity in the past year has concentrated on radiological training and monitoring.

In the first courses set up, in an effort to utilize the technical personnel available in the state, a series of lectures for civil defense personnel were held at five universities in Florida. The objective of these courses was to train local personnel from each county, who, after receiving the instruction, could organize and conduct training courses in their local communities. Instruction was given both by members of the State Board of Health and professional personnel from the respective universities. Courses were held at University of Florida, Florida State University, John B. Stetson University, University of Tampa and University of Miami.

The institutes were not well attended, and those who did attend were for the most part county health department personnel.

In view of this and of the fact that local health department personnel are accustomed to health education methods, it was decided to utilize them more fully in training civil defense workers in radiological techniques. To this end a series of twelve meetings were held, set up on a regional basis. Only five of the sixty-six organized counties failed to send representatives. The meetings were held primarily for the sanitarians although the health officers in the areas were urged to attend. The courses were of one day duration and the instruction was given by personnel of the State Board of Health.

These institutes resulted in the broadest coverage of the civil defense health services on a statewide basis ever achieved.

#### HOSPITAL CONSTRUCTION AND LICENSURE

Although in Florida it is the State Improvement Commission that is responsible for the program of hospital and health center construction, the State Board of Health has been given the responsibility of hospital licensure. Only those hospitals constructed with the aid of federal funds are required to be licensed. It has not been the policy to license state-owned institutions. The following hospitals were licensed in 1952:

Suwannee County Hospital, Live Oak.....	37 Beds
Bay County Hospital, Panama City.....	66 Beds
Walton County Hospital, DeFuniak Springs.....	23 Beds
Tallahassee Memorial Hospital, Leon County.....	150 Beds

American Legion Hospital for Crippled Children, St. Petersburg .....	61 Beds
Duval Medical Center, Jacksonville.....	40 Beds
Variety Hospital for Children, Miami.....	80 Beds
St. Lukes Hospital, Jacksonville.....	28 Beds
Washington County Hospital, Chipley.....	28 Beds
Baptist Hospital, Pensacola.....	125 Beds
Orange Memorial Hospital, Orlando.....	43 Beds
St. Joseph's Hospital, Tampa.....	73 Beds
Gadsden County Hospital, Quincy.....	69 Beds
Jackson Memorial Hospital, Miami.....	95 Beds
West Orange Memorial Hospital, Winter Garden.....	35 Beds
Indian River Memorial Hospital, Vero Beach.....	30 Beds
Manatee Veteran's Memorial Hospital, Bradenton.....	100 Beds
Santa Rosa County Hospital, Milton.....	23 Beds

The following Health Centers were completed:

Holmes County Health Center, Bonifay  
Okaloosa County Health Center, Crestview  
Wakulla County Health Center, Crawfordville

Several other counties have displayed interest in health center construction and it is hoped that this latter list will be longer in the 1953 report.



**FIELD TRAINING CENTER, GAINESVILLE, FLORIDA****FRANK M. HALL, M.D., Director**

The Training Center activities during 1952 are represented by the following data showing the number of each type of personnel trained: health officers (7), sanitarians (23), nurses (6), hospital nurse affiliates (20), and clerks (2).

All expense of salaries and stipends of attending personnel was borne by the respective counties where employed, with the exception of the first group of sanitarians. This represented a departure in policy from previous years when these monies came from the State budget. The county health units acceptance of this policy was very satisfactory.

The training period, methods of training, and course instruction offered for the various categories experienced little or no change over previous years. A period of instruction on industrial hazards, disaster and civil defense sanitation has been included in the sanitarian's schedule.

All personnel, assigned during the year were, with few exceptions, well qualified, and possessed an interested attitude and philosophy towards public health as a career. It is believed that they derived a real pleasure from the activities offered in the programs. The quality of men selected as sanitarians continued to show improvement. One group of sanitarians was composed entirely of young college graduates interested and most capable of learning. During the year the Merit System revised the minimum educational qualifications for sanitarians, now requiring a college degree. This is considered a forward step that will eventually reflect in better results and a more favorable opinion by the people throughout the State. Working with good students makes the instructors even more conscious of the need for careful student selection. The trainee who has at least some practice in the field and who has developed the need and desire for training appears to be the best qualified to realize the greatest benefit while in attendance.

More personnel could have been trained in field experience in all categories except sanitation, had they been available. There has not been an oversupply of applicants for public health positions available in the State. It is our feeling, however, that those who were here during the year will definitely contribute a service to the State of far greater value than the cost of the training.

No real progress has been made in the training of clerks. The large turnover of clerical personnel in the counties, together with the cost involved in sending them to the Center has long discouraged health officers in accepting this training opportunity. The need is realized and it is hoped the service can be made available and assistance furnished by the State Board of Health.

The training staff has remained intact during the year. No major changes have been made, which lends to a stable program and a sounder instruction regime. The use of many individuals for instruction from the State office has continued, with their willing participation being highly commendable.

In summary, the two greatest needs of the Training Center are:

- (1) A small laboratory fully equipped whereby laboratory studies could be better integrated with the teaching and training work at the Center and
- (2) a further emphasis should be made to encourage local health officers to send or to provide proper training for clerical personnel.



## BUREAU OF PREVENTABLE DISEASES

L. L. Parks, M. D., M. P. H., Director

The Bureau of Preventable Diseases is responsible for the control of: Cancer, Venereal Diseases, Other Communicable Diseases, Industrial Hygiene, Veterinary Public Health and Milk Sanitation.

It is believed that diseases of major importance, such as diphtheria, typhoid fever, and poliomyelitis, are reported in most instances, although communicable diseases as a whole are not accurately reported by private physicians. There are also many unreported cases of communicable diseases in which a physician was not in attendance. However, Table 16 gives a picture of the prevalent diseases for the year.

For the first four months of the year a nurse epidemiologist from the Communicable Disease Center in Atlanta was assigned to the Bureau of Preventable Diseases, but this service was discontinued when she resigned. In general, epidemiological investigations have been made by the county health departments along with their regular duties. In special instances investigations have been made by a representative of the Bureau of Preventable Diseases and on some occasions assistance has been given by representatives of the Communicable Disease Center in Atlanta. Three examples of aid from Atlanta are as follows: special studies of psittacosis; encephalomyelitis investigations; and assistance from the Virus Laboratory of the U. S. Public Health Service in an outbreak of a disease in Central Florida which resembled poliomyelitis. The psittacine studies have been outlined under the Veterinarian's report.

There were seventy-two cases of encephalomyelitis reported among horses, and one human case which was found to be of Eastern Equine origin. Special studies were made to determine the number of equine encephalomyelitis cases, although the correlation, if any, between the human case and the animal cases of this disease was not determined. Potentialities of the possible spread of this disease from horse to man through the mosquito vector which exists in this state is definitely known.

Anthrax was reported among cattle in five counties during the year, however, no human cases were reported.

According to the number of cases reported, our records for whooping cough for 1952 show a decided drop over the previous year, although this is one of the diseases which is not reported as accurately as others. There were 291 cases reported during the year, whereas 920 cases were reported in the previous year. The number of deaths also dropped from 25 in 1951 to a total of 6 in 1952. The breakdown of these cases by age group, sex and color is shown in Table 17. Both case rates and death rates for this disease were higher in the colored population.

Poliomyelitis showed a very marked increase over the previous year in the number of cases reported. However, the case rate was less than it

was in our peak year of 1946 (when we had 577 cases). The cases of poliomyelitis were distributed over the state. The southern counties, however, had a higher case rate; this may be due to better reporting or it may be an indication of a higher incidence. It is interesting to note that out of the 663 cases reported, 87 per cent occurred among the white population. Fifty-eight per cent of all the cases occurred in children nine years of age and under. Table 17 shows the breakdown of the cases by age group, sex and color. It is noted that this disease is found in all age groups but it occurs most frequently in persons under thirty-five years of age.

There were fifty cases of malaria reported for the year. However, forty-three of these were veteran returnees from Korea, and six other cases were not laboratory confirmed. There was one laboratory confirmed case of malaria in Hillsborough County which undoubtedly originated in the State. (See Division of Entomology report elsewhere in this volume.) It is believed that this is the only case of malaria which has originated in the State since about 1948. Efforts have been made to have every reported case of malaria confirmed by an approved laboratory, but this has been impossible in a few cases. The diagnosis of malaria by blood smear is dependable if the examination is done by a competent person.

The number of cases of typhoid and paratyphoid fever increased from thirty-one cases for 1951 to forty-six in 1952. This may be expected since there are unknown carriers of these diseases, and home sanitation is not what it should be in many communities. The slight increase in cases of this disease, over the previous two years, indicates the need for a continuous program of supervision of food and water supplies in the state. The unknown typhoid carrier remains a problem in the handling of food. A typhoid carrier file is maintained in the central office. There are eighty-six known carriers in the state and only two new ones were added during the year. Known carriers are supervised by the county health departments and records are submitted to the central office. As long as they remain carriers these individuals are not permitted to work in any establishment in which they may handle food that is to be served to the public.

Two new cases of Hansen's disease were reported during the year. All active cases of this disease are hospitalized in Carville, Louisiana, as soon as a diagnosis is made.

There was an outbreak of dysentery at one of the state universities during the year. One hundred and seventy-eight cases were laboratory confirmed as being *dysentery sonnei* and there were estimated to have been over 3,000 cases. In most of the cases no laboratory diagnostic work was done. Undoubtedly the source of this outbreak was due to a food handler who was found to be a carrier. The detailed report of this outbreak is to be presented to the Health Officers' Society at its meeting in Hollywood in April, 1953.



Table 17 shows the breakdown of diptheria cases by age group, race and sex, and indicates that there was a general increase in cases. It is noted that seventy-four per cent of the cases reported were in white children. Forty-one per cent of the cases reported were in children four years of age and under. Seventy-eight per cent of the cases were among children nine years of age and under. This emphasizes the need of immunizations against this disease early in life.

There was a noticeable increase in the number of cases of tularemia. Only six cases were reported in 1951, as compared with 18 cases in 1952. The majority of these cases were found to be in Dade County and almost all of the patients had handled rabbits captured in that area.

There was some increase in the number of cases of tetanus over the previous year, but from all indications this disease is not well reported, and it is believed that many more cases occurred than these figures indicate. There was a noticeable increase in the number of cases of catarrhal jaundice. Two hundred and thirty-six cases were reported for the year as compared with 46 cases for the previous year.

One case of trachoma was reported in a colored man, 58 years of age, from Monroe County. There was one case of this disease also reported during the year 1951, but the records show that no cases of this disease had previously been reported in Florida for many years.

There has been a steady increase in the number of immunizations given against diptheria, whooping cough, and smallpox, as well as tetanus for the past five years. There has been a continual immunization program against typhoid fever by the county health departments; however, there was a slight drop in the number of immunizations given in 1952 as compared with the previous years. The State Board of Health has supplied biologicals for immunizations against diptheria, smallpox, tetanus, typhoid, and whooping cough. These biologicals are available to the county health departments but are not available to private physicians if they make a charge for their services. Diptheria antitoxin is still available; however, tetanus antitoxin is not.

Physicians, who are beginning medical practice in Florida, are now mailed regulations pertaining to the control of communicable diseases. This procedure was started during the year and undoubtedly will help to stimulate the reporting of communicable diseases.

In summary, it will be noted that there have been no significant communicable disease problems during 1952. An evaluation of the communicable disease rate is difficult to make, inasmuch as it is impossible to determine whether any variation is due to an increase in incidence or to better reporting by the physicians. It is anticipated that through continued control measures, our communicable disease rates will show an ultimate decline.

TABLE 16  
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1952 AND STATE TOTALS FOR 1950 AND 1951

Year 1952	State Population (1952 Estimate)	Cancer	Chancroid	Chicken Pox	Conjunctivitis	Diarrhea Of The Newborn (Epl.)	Diphtheria	Dysentery, Ameb.	Dysentery, Bac.	Encephalitis, Epl.	Erysipelas	Food Poisoning	German Measles	Gonorrhea	Granuloma Ing.	Hookworm	Influenza	Jaundice Catarrhal	Lymphopathia Ven.	Malaria	Measles
Alachua	60,280	68	6	6	6	113	97	113	50	9	15	30	45	14,185	446	10,051	235	27	34	7	2,499
Baker	6,320	10	1	20	2	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Bay	42,720	48	1	2	2	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Bradford	11,770	10	1	2	2	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Brevard	25,570	45	14	5	5	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Broward	98,940	208	4	36	36	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Calhoun	7,920	9	9	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Charlotte	4,310	10	7	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Citrus	6,380	7	1	26	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Clay	16,270	26	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Collier	7,200	4	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Columbia	18,670	46	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Dade	576,840	1,134	43	390	9	130	1	88	5	2	2	2	73	1,806	10	18	35	61	15	2	1,738
DeSoto	10,320	28	7	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Dixie	8,900	484	190	100	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Duval	318,040	131	27	15	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Escambia	8,700	22	2	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Flagler	8,800	28	2	4	4	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Franklin	38,980	41	4	4	4	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Gadsden	8,610	7	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Gilchrist	2,200	3	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Glades	7,730	9	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Gulf	9,100	8	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Hamilton	10,770	19	8	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Hardee	6,440	9	1	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Heard	7,100	14	9	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Hendry	6,440	14	9	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Hernando	14,510	30	36	15	2	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Hillborough	269,020	647	36	194	6	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431
Holmes	14,010	17	17	1	1	60	66	88	47	17	8	10	214	12,708	417	6,561	583	46	40	23	2,431







TABLE 16—Continued  
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1952, AND STATE TOTALS FOR 1950 AND 1951

Year 1952	Meningitis, Epl.	Mumps	Ophthalmia Neo	Paratyphoid	Pneumonia	Polio-myelitis	Rabies, Animal	Salmonella	Scarlet Fever	Streptococcal Inf.	Syphilis	Tetanus	Tuberculosis	Typhoid Fever	Typhus Fever	Undulant Fever	Vincent's Ang.	Whooping Cough	Other Diseases			
																			Anthrax	Hansen's Disease	Rocky Mt. Fever	Trachoma
Jefferson.....											25		1									
Lafayette.....											8		2									
Lake.....		106									143	1	20									
Lee.....		8									142		26									
Leon.....		4									207	1	36									
Levy.....											23		7									
Liberty.....											4		8									
Madison.....		8									35		15									
Manatee.....		1									19		19									
Marion.....		3									74		33									
Martin.....		12									179		33									
Monroe.....		45									64		4									
Nassau.....		1									98		19									
Okaloosa.....		39									45	1	13									
Okeechobee.....		1									26		14									
Orange.....		235									400	1	101									
Osceola.....		14									23		8									
Palm Beach.....		40									582	3	111									
Pasco.....		21									89	3	14									
Pinellas.....		39									373	1	263									
Polk.....		4									439	1	104									
Putnam.....		2									108		27									
St. Johns.....		1									161		24									
St. Lucie.....		1									71	1	17									
Santa Rosa.....		70									14		6									
Sarasota.....		1									55		17									
Seminole.....		4									247	1	14									
Sumter.....		28									42	1	8									
Suwannee.....		1									85		4									
Taylor.....		1									109		5**									
Union.....		1									252		52									
Volusia.....		1									9		6									
Wakulla.....		3									19		9									
Walton.....		2									14		22									
Washington.....																						
*Florida State Hospital.....																						
**Florida State Prison.....																						

TABLE 17  
REPORTED CASES OF DIPHTHERIA, POLIOMYELITIS AND WHOOPING COUGH BY RACE, SEX AND AGE, FLORIDA 1952

DISEASE	RACE & SEX	TOTAL ALL AGES	AGE IN YEARS										35+	Not Stated
			Under 1	1	2	3	4	5-9	10-14	15-24	25-34	35+		
Diphtheria.....	TOTAL.....	82	1	7	10	8	8	30	5	8	1	3	1	
	White Male.....	27	1	1	4	2	4	10	1	2	1	2	1	
	White Female.....	34		5	3	2	1	12	2	6		1		
	Colored Male.....	12		1	3	1	3	4	2					
	Colored Female.....	9												
Poliomyelitis.....	TOTAL.....	663	34	47	55	51	37	162	71	69	91	34	12	
	White Male.....	310	12	15	26	27	20	87	38	26	40	16	3	
	White Female.....	270	10	14	17	15	14	62	31	42	46	16	4	
	Colored Male.....	49	6	11	8	8	2	6	1	1	3	2	2	
	Colored Female.....	28	6	6	4	1	1	1			2	1	3	
Whooping Cough...	TOTAL.....	291	52	33	33	39	22	76	16	5	2	1	12	
	White Male.....	75	12	11	7	14	3	18	7	1	2		2	
	White Female.....	83	9	4	9	9	11	27	9	2			1	
	Colored Male.....	67	18	10	7	8	4	17				1	3	
	Colored Female.....	62	13	8	9	8	4	14					3	



## VENEREAL DISEASE CONTROL

WILLIAM A. WALTER, M.D., M.P.H., Director

In 1952 the Melbourne Rapid Treatment Center was discontinued as a diagnostic and treatment center. This represents a major change of a fundamental practice in venereal disease control. The services which were supplied by this inpatient facility are now a function of a network of outpatient clinics each of which goes under the name of Prevention and Control Center.

The factors that led to this transfer from one inpatient center to several outpatient facilities were discussed in the annual report of 1951 although at that time there was no plan nor was there any thought that a revision of policy could or would be conceived, implemented, and completed in the short period of a few months. The change is a result of the application of practical public health measures in conformity with the increased information made available through progress in the medical sciences. This newer knowledge has resulted in shortened treatment schedules, greater therapeutic efficiency, simplified methods of administering the therapeutic agents, decreased hazard of treatment for the patient, and lower cost per patient treated. Therefore, it seemed unnecessary for the State Board of Health to continue to maintain a costly inpatient facility when ambulatory treatment would be more acceptable to patient and physician alike, and since the same services could be offered at a large financial saving by utilizing outpatient clinics.

There are now six Prevention and Control Centers in operation. Each one serves the designated counties in its region. Each one is a product of the combined efforts of the State Board of Health, the Health Unit of the County in which it is located, and the County Health Units within the area it serves. That such a system was started, made workable, and is now functioning stands as a tribute to the scope, enthusiasm, and ability of county health units in Florida. Thus Florida has been the leader in making the initial move of returning basic venereal disease control activities to local health units where they logically belong and ultimately will rest. The six Centers are now operating in: Jacksonville, Miami, Pensacola, Tallahassee, Tampa, and West Palm Beach.

The optimism for the eventual success of the syphilis control program as expressed at the close of 1951 can be carried through 1952. Although the total syphilis morbidity was slightly greater than the previous year there is no reason to believe that the problem is increasing. Total morbidity is weighted by the large numbers of latent cases which were discovered by means of selected blood testing surveys and which represent disease contracted four or more years prior to diagnosis and reporting. Newly acquired syphilis is best represented by the number of persons reported as having primary and secondary syphilis. An examination of the following statistical tables will reveal that fewer persons acquired new syphilis in 1952 than at any time in the recent past.

The other venereal diseases have not shown any particular evidence

of being on the wane. These so called minor venereal diseases must receive much more attention than is given them at the present time. Granuloma inguinale showed a sizable decrease in number of cases, but further observation is necessary before valid conclusions can be made.

In an effort to make a more intelligent approach to the control of gonorrhea a special project has been established at the Jacksonville Prevention and Control Center. This project is a combined effort of the Bureau of Laboratories and the Venereal Disease Division and has for its purposes the establishment of better laboratory diagnostic aids, formulating more precise methods of gonorrhea control by public health procedures and establishing the etiology, incidence, and treatment of choice for the non-gonorrheal urethritis.

\* \* \*

Since 1952 saw the end of the Inpatient Rapid Treatment Center in the State and the change over to Outpatient Prevention and Control Centers, we would like to record a brief summary of the history of the Rapid Treatment Centers in Florida.

In 1943 Centers were opened at Ocala, Wakulla, and Jacksonville for rapid treatment of syphilis cases utilizing the multiple drip and heat therapy methods. The Ocala and Wakulla Centers were located in former CCC Camps with a two hundred bed capacity each and were used for white female patients only. The Jacksonville Center was located in the City-County Hospital with a forty bed capacity and was used for white, colored, male, and female patients. In the latter part of 1943, Ocala opened a substation at Deer Lake for the treatment of colored females only, with a bed capacity of one hundred and fifty. In 1944 another Center was opened at Pensacola and during the year penicillin became available for use in Rapid Treatment Centers. These Centers operated through June, 1946. On July 1, 1946, the Ernest Hinds Hospital Ship was acquired from the Army and set up as a Rapid Treatment Center at the foot of Hogan Street on the St. Johns River in Jacksonville. This was an emergency measure and although the ship was unsatisfactory in many ways, a total of 6,861 patients were treated on it during the eight months' period from July 1, 1946, through February 22, 1947, when due to lack of funds it was necessary to close this Center. The State was without a Rapid Treatment Center for four months. July 1, 1947, the Melbourne Center was opened at the former Melbourne Naval Air Station Hospital with a five hundred bed capacity, for the diagnosis and treatment of all venereal disease patients.

This facility was in continuous operation until its closing on July 1, 1952. Of the total of 58,643 persons admitted to all Rapid Treatment Centers during their period of operation 1943-1952, the Melbourne Center admitted 29,039. Of the total of 46,725 cases of syphilis treated at the Rapid Treatment Centers during this same period, 22,152 were treated at Melbourne.

\* \* \*

To control the venereal diseases there is only one of the basic elements of communicable disease control to work with, that is the destruction of



the organism. The means to destroy the organism is available, but only after the organism is found. Thus the control efforts must be concentrated on finding the organism. To date the best proven technique to accomplish this is through use of the interviewer-investigator method. The division has twenty-eight trained interviewer-investigators assigned throughout the state. These persons are working at Military Installations, County Health Units, and Prevention and Control Centers. They interview known cases of venereal disease to obtain information regarding source and spread contacts. They follow-up and investigate the contacts in an effort to have the contacts examined and treated when necessary. Other activities carried out by the interviewer-investigators are educational programs in the schools, with civic organizations, military organizations, and other lay groups, as well as doing mass blood testing surveys in selected areas and groups.

The Central Registry Unit processes all venereal disease morbidity reports and contact referrals for the entire state. Reports from this unit are used in pinpointing areas of high prevalence and to assist in general the direction of the control program throughout the state.

**TABLE 18**  
**NUMBER OF VENEREAL DISEASE CASES REPORTED IN FLORIDA**  
**BY DISEASE AND YEAR 1948 - 1952**

Year	Syphilis	Gonorrhea	Chancroid	Granuloma Inguinale	Lymphopathia Venereum
1948	15,395	18,820	388	773	197
1949	12,405	15,388	343	827	127
1950	10,738	14,185	248	446	34
1951	9,445	12,709	317	417	40
1952	10,824	11,809	462	234	120

**TABLE 19**  
**NUMBER OF DIAGNOSTIC OBSERVATIONS COMPLETED IN CLINICS**  
**AND PER CENT FOUND TO BE INFECTED**  
**1948 - 1952**

Year	Diagnostic Observations Completed	Results of Observation		Per Cent Found Infected
		Not Infected	Infected	
1948	137,998	102,442	35,556	25.8
1949	156,394	118,268	38,126	24.4
1950	159,666	130,674	28,992	18.2
1951	163,054	144,984	18,070	11.1
1952	132,360	118,384	13,967	10.2



TABLE 20  
TOTAL NUMBER OF SYPHILIS CASES REPORTED BY STAGE OF INFECTION, PREGNANCY STATUS, RACE AND SEX,  
SOURCE OF REPORT, AGE GROUPS, BY COUNTIES, FLORIDA, 1952

COUNTY	STAGE OF INFECTION					RACE AND SEX				SOURCE OF REPORT		AGE GROUP												
	TOTAL	PRIMARY	SECONDARY	E. LATENT	LATE	CONGENITAL	PREGNANCY	WHITE		COLORED		CLINIC	PVT. M. D.	OTHER	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65 & OVER	UNKNOWN	
								MALE	FEMALE	MALE	FEMALE													
TOTAL	10,824	392	393	3,870	5,730	439	783	1,173	3,405	4,879	193	5,133	5,570	121	17	16	196	1,917	2,580	2,140	1,447	799	1,243	
Alachua	178	5	8	77	79	9	45	4	11	52	107	4	157	21	1	1	6	61	49	24	19	6	1	
Baker	19	1	1	7	10	4	5	1	1	7	10	1	4	12	7	1	2	21	11	6	4	3	1	1
Bay	50	3	1	31	12	4	1	4	8	30	6	1	46	4	1	1	2	3	6	4	3	1	2	1
Bradford	31	1	1	7	16	6	1	6	18	30	6	1	25	6	1	1	2	21	11	9	9	3	1	2
Brevard	241	8	11	103	114	5	22	18	14	95	112	2	112	129	1	1	2	44	63	83	56	33	21	8
Broward	440	27	15	198	186	14	66	45	54	113	219	9	121	319	1	1	4	89	127	80	60	21	9	50
Calhoun	3	1	1	1	2	1	1	1	1	1	1	1	2	1	1	1	1	1	3	3	1	1	1	1
Charlotte	11	1	1	3	8	1	1	1	3	1	6	3	2	1	1	1	1	1	3	3	1	1	1	1
Citrus	6	1	1	2	4	1	2	2	1	2	3	3	3	3	1	1	1	1	1	1	1	1	1	1
Clay	38	1	1	9	25	3	5	2	3	11	22	1	26	12	1	1	2	2	1	10	2	5	1	1
Collier	22	1	1	6	13	1	2	1	8	12	1	1	10	12	1	1	1	13	16	16	14	11	6	4
Columbia	82	2	2	20	57	3	11	8	9	31	33	1	47	35	1	1	1	221	454	400	273	157	75	215
Dade	1,814	70	28	458	1,208	50	124	336	346	458	620	54	756	1,058	1	1	16	7	4	5	4	11	5	4
DeSoto	43	1	1	9	31	1	1	11	9	10	10	1	16	27	1	1	7	7	4	4	5	4	1	7
Dixie	10	1	1	4	8	1	1	1	2	1	6	1	8	2	1	1	5	5	1	2	1	1	1	1
Duval	2,080	52	72	1,036	874	46	97	151	159	655	1,096	19	812	1,267	1	3	11	259	430	407	249	110	65	544
Escambia	203	17	17	69	77	23	16	18	30	69	85	1	183	20	1	1	7	61	56	39	25	5	4	5
Flagler	30	1	1	12	17	1	1	1	2	11	17	1	17	13	1	1	4	4	9	4	6	4	3	1
Franklin	31	3	1	12	10	6	4	3	8	15	13	2	22	9	1	1	4	8	8	4	2	2	1	1
Gadsden	132	5	9	56	57	5	9	4	8	41	82	2	73	59	1	1	33	25	22	14	8	2	27	1
Gilchrist	2	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Glades	6	1	1	2	4	1	1	1	1	1	1	1	4	2	1	1	1	1	3	1	1	1	1	1
Gulf	31	1	1	5	20	4	1	3	1	1	4	4	2	1	1	1	1	8	5	5	3	5	1	9
Hamilton	26	1	1	8	18	6	1	2	2	9	17	1	21	10	1	1	1	8	5	7	7	3	2	1
Hardee	9	1	1	2	7	1	1	1	3	1	2	2	15	11	1	1	1	1	1	1	1	1	1	1
Hendry	42	1	1	15	24	1	6	1	2	3	3	1	2	7	1	1	1	1	1	1	1	1	1	1
Hernando	21	1	1	8	12	1	1	1	1	2	20	1	25	16	1	1	1	12	13	6	6	4	1	1
Highlands	96	1	1	36	55	3	6	7	7	21	20	1	9	12	1	1	2	9	4	4	6	1	1	1
Hillsborough	636	28	13	170	388	37	82	113	93	169	250	11	343	275	18	5	23	128	156	108	102	58	35	2
Holmes	9	1	1	1	4	1	1	1	4	1	2	1	7	2	1	1	1	6	10	26	12	5	4	1
Indian River	87	4	3	27	56	1	4	4	14	28	42	1	21	66	1	1	1	1	2	8	2	3	2	1
Jackson	58	3	2	25	24	6	4	5	3	34	16	1	29	28	1	1	9	23	10	8	2	3	2	1
Jefferson	25	1	1	11	11	1	1	1	1	4	20	1	18	7	1	1	13	13	15	6	1	1	1	1
Lafayette	8	1	1	2	4	1	1	2	1	2	1	1	4	4	1	1	2	7	3	1	3	1	1	1
Lake	143	3	5	48	82	5	13	12	21	51	58	1	46	97	1	1	2	27	20	37	32	12	7	6

TABLE 20—Continued  
TOTAL NUMBER OF SYPHILIS CASES REPORTED BY STAGE OF INFECTION, PREGNANCY STATUS, RACE AND SEX,  
SOURCE OF REPORT, AGE GROUPS, BY COUNTIES, FLORIDA, 1952

COUNTY	STAGE OF INFECTION						RACE AND SEX				SOURCE OF REPORT		AGE GROUP											
	TOTAL	PRIMARY	SECONDARY	E. LATENT	LATE	CONGENITAL	PREGNANCY	WHITE		COLORED		CLINIC	PVT. M.D.	OTHER	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65 & OVER	UNKNOWN	
								MALE	FEMALE	MALE	FEMALE													
Lee	142	7	10	52	65	8	4	5	10	49	77	1	127	15	2	2	49	35	22	18	9	4	1	
Leon	207	19	11	77	87	13	6	14	17	56	99	21	108	81	10	8	60	45	32	16	12	9	4	
Levy	23	1	1	5	17	1	1	1	1	9	13	1	13	1	1	1	1	6	4	4	1	2	1	1
Liberty	4	1	1	3	1	1	1	1	3	6	20	1	14	2	1	1	1	2	2	2	4	2	1	1
Madison	35	1	1	13	17	4	9	6	3	31	28	1	17	27	1	1	11	11	11	6	2	2	1	1
Manatee	74	2	2	27	31	7	3	8	16	61	59	91	1	99	80	3	48	20	20	23	11	12	4	4
Marion	179	3	9	68	85	14	21	12	16	29	32	2	60	4	4	3	5	15	12	12	9	4	7	10
Martin	64	1	1	10	45	6	2	1	1	29	34	30	1	52	46	1	27	22	19	13	9	1	1	1
Monroe	98	8	11	27	50	2	2	17	16	34	30	1	52	46	1	1	27	22	19	13	9	1	1	1
Nassau	45	1	1	21	21	1	1	1	1	17	22	1	18	27	3	3	12	6	9	9	5	9	1	1
Norfolk	26	3	3	8	7	5	2	2	4	4	12	2	17	3	2	3	3	2	2	2	6	5	1	1
Okaloosa	24	1	1	1	1	2	3	2	4	4	12	2	17	3	2	4	9	9	8	43	38	30	38	
Okechobee	400	12	37	132	206	13	1	43	59	114	175	9	137	260	3	4	67	96	108	79	41	24	16	16
Orange	23	1	1	6	15	2	2	2	4	2	10	1	15	8	1	1	10	5	2	13	7	1	1	1
Osceola	582	24	23	215	297	23	18	30	26	304	220	2	386	196	4	14	109	187	108	79	41	24	16	16
Palm Beach	89	1	1	21	49	17	7	9	9	85	38	1	51	38	1	1	13	22	20	13	7	1	1	1
Pasco	373	7	10	55	290	11	30	90	42	87	146	8	187	186	1	6	45	67	67	49	51	39	40	40
Pinellas	439	15	15	173	226	10	36	36	51	124	210	18	157	282	1	1	85	107	87	58	26	22	50	50
Polk	108	8	9	27	61	8	19	3	2	31	70	2	54	54	1	2	27	32	19	23	9	12	5	2
Putnam	161	3	3	7	71	11	14	10	3	64	84	1	119	41	1	1	46	39	20	23	9	12	5	2
St. Johns	71	2	2	1	13	3	4	3	5	19	46	1	24	47	1	1	20	17	15	10	3	1	1	1
St. Lucie	14	1	1	1	3	4	1	1	5	3	1	1	13	1	1	1	6	1	2	1	1	1	1	1
Sarasota	55	8	1	16	30	5	33	6	9	15	26	5	29	29	1	2	13	11	11	5	2	1	1	1
Seminole	247	11	22	103	106	5	5	8	9	9	133	1	34	213	4	4	43	59	55	26	17	9	3	3
Sumter	35	1	1	17	11	7	5	1	8	16	21	1	28	15	1	6	8	5	5	4	4	1	1	1
Suwannee	42	6	10	18	8	5	6	6	1	10	18	1	28	14	1	1	12	9	8	9	8	3	1	1
Taylor	85	23	59	3	8	5	13	5	13	20	47	1	14	71	1	4	12	19	17	14	4	2	5	2
Union	31	1	4	1	4	1	4	1	1	8	17	1	22	14	1	1	2	5	6	6	2	5	2	2
Volusia	252	11	7	78	153	3	23	34	21	88	107	2	108	147	1	1	33	61	56	47	22	10	2	2
Wakulla	9	3	6	3	8	5	4	4	6	5	4	1	15	1	1	4	9	3	2	1	1	1	1	1
Walton	19	3	1	6	5	5	1	4	6	4	5	1	15	4	1	4	9	3	2	1	1	1	1	1
Washington	14	1	1	4	9	1	1	3	4	3	4	1	13	9	1	4	3	3	8	2	2	2	2	2
State Hospital	113	2	9	40	61	1	1	21	5	45	40	2	113	1	1	1	7	19	32	27	12	14	7	7
State Prison	78	1	1	29	49	1	1	20	1	48	10	1	6	5	1	1	11	31	24	27	12	14	5	5



TABLE 21  
TOTAL ADMISSIONS TO MELBOURNE RAPID TREATMENT CENTER BY DISEASE AND STAGE OF INFECTION DURING PERIOD OF OPERATION — JULY 7, 1947 - JULY 1, 1952

TOTAL	SYPHILIS					OTHER		
	Primary and Secondary	Early Latent	Late & Late Latent	Congenital	Neuro-Syphilis	Total Syphilis	Gonorrhea	No V.D.
29,039	5,663	8,511	6,806	1,600	1,993	24,573	292	1,363
								2,829

TABLE 22  
ADMISSIONS TO PREVENTION AND CONTROL CENTERS BY DISPOSITION  
July - December 1952

PREVENTION AND CONTROL CENTER	PERSONS EXAMINED							
	TOTAL	EPIDEMIOLOGIC TREATMENT*		POST TREATMENT	OBSERVATIONS			
		Syphilis	Gonorrhea		TOTAL	NOT INFECTED	INFECTED	
Jacksonville.....	10,236	114	334	2,677	7,111	5,354	1,757	24.7
Miami.....	8,117	4	49	1,410	6,654	5,584	1,070	16.1
Pensacola.....	5,158	4	280	278	4,596	4,023	573	12.5
Tallahassee.....	5,637	2	155	383	5,097	4,614	483	9.5
Tampa.....	16,966	16	60	636	16,254	15,651	603	3.7
West Palm Beach.....	1,694	10	40	306	1,293	1,697	321	24.8
TOTALS.....	47,808	150	918	5,690	41,005	36,197	4,807	11.7

\*Treatment given to individuals who have been exposed to proved infectious cases, but who have not been diagnosed as infected.

## CANCER CONTROL

L. L. PARKS, M.D., M.P.H., Acting Director

Cancer was the second leading cause of death in Florida in 1952. Preliminary data indicates that 4,186 Floridians died of this disease during the year. Cancer is a reportable disease in Florida by regulation of the State Board of Health, and there were 5,333 cases reported for the year 1952. The number of cases reported comes primarily from the tumor clinics and death certificates. Fifty-four per cent of all cases were obtained from death certificates and 28 per cent were reported by tumor clinics and health departments. The cases of cancer which are seen by private physicians for treatment and are cured are not reported as accurately as they should be; therefore, the number of cases reported for last year is far from being complete. Only 12 per cent of the total cases were reported by private physicians.

The Cancer Control Program has continued to operate along the general lines which were adopted in 1947 when the State Legislature enacted the Cancer Control Bill and provided funds for this service. The purpose of the program is to provide cancer diagnostic services, treatment facilities for the indigent cases, and a general education program not only for the physicians but also for the general public.

In order for a patient to receive any assistance under the State Cancer Control Program it is necessary for the patient to be seen first by a regular practicing physician. If the patient is medically indigent an application is made out by the attending physician. This application is signed by the patient as well as the physician and at the same time the patient gives certain information pertaining to his finances. The application is then approved by the county health director or welfare worker in the county in which he lives and is forwarded to the Cancer Control Division of the State Health Department. If the application is in order the patient is then referred to one of the nearest Tumor Clinics.

Tumor Clinics were in operation in the following cities during the year:

Jacksonville (2), Pensacola, Orlando, West Palm Beach, Tallahassee, Ocala, Tampa, Ft. Lauderdale, Miami (2), Daytona Beach, Gainesville, Lakeland, and St. Petersburg.

The Tumor Clinics are staffed by private physicians, and none of the physicians taking part in the Tumor Clinics receive any pay for their services from the Cancer Control Division or other sources. The only person receiving a salary at the Tumor Clinic is the secretary or nurse, or both in some of the larger clinics. The full time personnel at the Tumor Clinics is paid, as a rule, by the State Board of Health, but in some of the clinics the secretary or part-time secretary is paid from funds made available by the American Cancer Society, Florida Division. The



State Cancer Society furnishes expendable supplies to the Tumor Clinics, such as postage, dressings, phone service and numerous other items.

Funds from the State Board of Health are made available to the Tumor Clinics for diagnostic purposes, and hospitalization of cases in which there is a reasonable hope of recovery. A minimum fee is made available from the State funds for the payment of the radiologist's fee for x-ray therapy; radium rental fees; and the anesthetist is also paid a fee, provided this person is not a member of the hospital staff. Those hospitals that wish to accept State aid cancer cases for hospitalization are required to submit a per diem cost statement. When this statement is submitted the State Board of Health pays the hospital accepting these patients a fee not exceeding \$15 per day. This fee covers all diagnostic procedures, treatment and operating room services during hospitalization. At present no fees are paid the surgeon as was done prior to October 1, 1951. The per diem which was paid to hospitals varied from \$11.02 to \$15 per day. Twenty-eight hospitals accepted state aid cancer cases during the year.

Any physician in the state may take a biopsy from his patient and send it to any of the pathologists in the state, using the mailing containers made available by the laboratories of the State Board of Health. The pathologists agreed on January 1, 1951, to make the tissue examination on indigent patients free of charge, provided the attending physician made no charge for his services. If the attending physician charges for the taking of the biopsy then the pathologist expects his fee. The purpose of this service is to encourage every physician to make use of the tissue diagnostic service and establish a diagnosis as early as possible.

In establishing the Tumor Clinics the State Board of Health adopted the standards of the American College of Surgeons. A representative of the American College of Surgeons visited most of the Tumor Clinics during the year. Approval was given all of the Tumor Clinics visited except the one in Orlando. A representative of the American College of Surgeons is expected to visit the Orlando Tumor Clinic early in 1953, and no doubt it will then be approved, as this Clinic is carrying on a very fine service. The Tumor Clinic in the Dade County Hospital which was approved in 1951 did not develop, and the approval of this Clinic was withdrawn by the State Cancer Council during 1952. During the year a second Tumor Clinic was organized in Jacksonville, at St. Vincent's Hospital.

A professional educational program was conducted along the same line as in previous years. A three-day Seminar was held in Tampa, with 225 physicians in attendance. Nine out-of-state speakers took part in the Seminar. The Cross-Roads Seminars were held in eight places during the year, and at each of these a speaker from out of the state discussed various phases of cancer. These meetings were held at De-Funiak Springs, Marianna, Live Oak, Fernandina, St. Augustine, Eustis, West Palm Beach and Key West. The total attendance was 230 physicians. Films on the diagnosis of cancer were shown at the State Medi-

cal Association meeting in Hollywood. The lay educational program was limited to the showing of cancer films and to talks to various civic groups on cancer. Both types of Seminars were jointly sponsored and financed by the State Board of Health and The American Cancer Society, Florida Division.

The Director of the Division of Cancer Control continues to be a member of the Executive Committee of the American Cancer Society, Florida Division. The relationship with the American Cancer Society has been very profitable to both agencies as it insures close cooperation and coordination of an official agency and a voluntary agency. Problems of education of the lay as well as professional groups, financial support of tumor clinics and other mutual problems are easily solved by the close association of the two organizations.

The Florida Cancer Council which was organized in 1951 continued to function during the year and held three meetings. The purpose of this Council is to co-ordinate all cancer services in the State. The Council consists of two members of The Cancer Committee of the State Medical Association, two members of The American Cancer Society, two members of The State Board of Health, and a representative of The American College of Surgeons. The Cancer Council passed a rule during the year that each of the Tumor Clinics should submit annually a statement of their financial operation, and that each Tumor Clinic should have the approval of their local Medical Society annually. In this way each of the Tumor Clinics will continue to have the approval of the local Medical Society, as it is believed this will insure a higher type of service in each of the clinics. Because of the rather low attendance at the Cancer Seminars it was decided not to have any annual three-day Cancer Seminars in 1953, but to try to work out some plans whereby more emphasis may be placed upon cancer at the regular County Medical Societies' meetings by providing speakers for their regular meetings.

The Cancer Council adopted a leaflet on cancer which is to be distributed to physicians for them to give to their private patients, encouraging the patients to seek early diagnosis. This leaflet has been approved by the Board of Governors of the Medical Association and will be made available during the coming year.

Private patients may be seen in ten of the Tumor Clinics if they are referred there by their attending physician. The purpose of the Tumor Clinic is not just to diagnose and treat patients but also to provide a learning experience for the staff. In this way a number of patients are brought together, and there is an opportunity for those physicians in attendance to see a variety of cases, and to observe and follow up treatment results. There were 1,673 patients approved for State aid during 1952.

During the year the Director of the Division of Cancer Control was appointed one of the consultants for the Oak Ridge Institute of Nuclear Studies, Oak Ridge, Tennessee. The Institute hospital accepts patients



with selected types of cancer, if they meet certain requirements. This is a small research hospital, and before any patient can be accepted an application must be processed through a medical school. Inasmuch as Florida did not have a medical school at the time this program was started, the State Board of Health, Cancer Control Division was asked to act in place of the medical school as a clearing house for the selected types of cancer patients that can be accepted at Oak Ridge. This Institute is interested in accepting the following types of cases: Multiple Myelomas, Leukemias, Bone metastases (from the prostate or breast), Primary osteogenic sarcoma, Polycythemia vera, Patients with ascites or pleural effusions due to metastatic lesions, and Thyroid carcinoma.

These patients are provided hospitalization without cost. However, arrangements have to be made to take care of their transportation. This item may be taken care of by the American Cancer Society, Florida Division, providing no other source of funds is available. In 1952 eight patients were referred from Florida to this institution.

The cancer case records on file in the central office have become so numerous that during the year the record system was changed from the McBee Card System to that of the I B M System. The new plan will be much more satisfactory as it will permit a detailed study of the types of cases being rendered services. This system will permit an easier evaluation of the follow-up accomplishments.

We are interested in seeing the results of the assistance given the patients. At the same time through this study we are able to help some of the delinquent patients return for further treatment or re-examination to determine the progress or retrogression of the disease.

A summary of data obtained from the cancer registry is shown in Tables 23-27. These are the first figures produced from the machine tabulation system which was initiated in the latter part of 1952. It was necessary to code and prepare punch cards on all data obtained by the cancer registry since its beginning late in 1946.

A total of 1673 persons were approved for state aid during 1952. This is about the same number that were approved in each of the two preceding years. The number of approvals was smaller in 1949 because many eligible persons were denied state aid due to the lack of available funds. The number of white and colored persons accepted for state aid were in about the same proportion as the population of this state.

During 1951, 55 per cent of all persons approved for aid were diagnosed as having cancer (see Table 23). Preliminary totals for 1952 indicate about 48 per cent with cancer and 21 per cent with diagnosis unknown. Many of the 1952 cases with an unknown diagnosis entered the program late in the year and a diagnosis will be obtained in the near future. Later tabulations will increase the per cent of persons diagnosed as having cancer in 1952.

An examination of the age distribution of those persons diagnosed as

having cancer indicates proportionately more colored than white persons in the younger age groups. There are also proportionately more females than males in the younger age groups. A summary of this data is as follows:

#### PERSONS DIAGNOSED AS HAVING CANCER 1947-1952

Race & Sex	Per cent under 55 years of age
White males .....	24.3
White females .....	43.1
Colored males .....	43.4
Colored females .....	63.3

Figures concerning cancer according to site (see Table 24) indicate the males to have a higher ratio of cancer in the buccal cavity and pharynx, digestive system, respiratory system, urinary organs, and skin; while females have a higher incidence of cancer of the breast and genital organs. Colored persons had a much lower proportion of skin cancer but colored males had a higher rate of cancer of the digestive system and genital organs.

While there is some doubt as to the accuracy of data according to extent of lesion for each case, a tabulation of this data is listed below.

#### EXTENT OF LESION IN CANCER CASES FOR 1947-1952

Site	Per cent with cancer localized
Digestive system .....	48.6
Respiratory system .....	58.4
Breast .....	42.6
Female genital organs .....	68.2
Skin .....	75.3

Tabulations of follow-up are shown in Tables 25 and 26. An attempt was made to follow-up all persons with cancer who received monetary assistance from the state aid program. Results to date as shown in Table 25 indicate that about 5 per cent were lost to follow-up at the end of one year, an additional 3 per cent were lost during the second year, and a little over 2 per cent were lost during the third year. There is insufficient data available to make any statement about follow-up during the fourth year.

Follow-up data for the first year is for those cases entering the program during 1947-1950. Two year follow-up is available for 1947-1949 cases, three year follow-up is available for 1947 and 1948 cases, and four year follow-up is only available for the 1947 cases. This explains why insufficient data is available for the fourth year of follow-up.

Survival rates (see Table 26) indicate that 57 per cent of the persons followed-up were alive at the end of three years. This figure includes the cases of skin cancer which have a higher proportion of survivors. Approximately 50 per cent of persons with cancer of the breast and female genital organs survived three years while only 18 per cent of persons with cancer of the digestive and respiratory systems were alive after three years.



**TABLE 23**  
**DISTRIBUTION BY DIAGNOSTIC STATUS, RACE, AND SEX OF PERSONS**  
**APPROVED FOR STATE AID UNDER THE FLORIDA CANCER PROGRAM**  
**DURING THE YEARS 1947\* - 1952**

RACE, SEX, AND YEAR	NUMBER OF PERSONS DIAGNOSTIC STATUS					PERCENTAGE DISTRIB. DIAGNOSTIC STATUS				
	NUMBER APPROVED	CANCER	PRE- CANCEROUS	NON- MALIGNANT	UNKNOWN	NUMBER APPROVED	CANCER	PRE- CANCEROUS	NON- MALIGNANT	UNKNOWN
Total Persons.....	7,598	4,233	19	2,437	909	100.	55.7	0.2	32.1	12.0
1947.....	205	163	0	37	5	100.	79.5	—	18.0	2.4
1948.....	1,348	816	2	406	124	100.	60.5	0.1	30.1	9.2
1949.....	1,059	640	2	322	95	100.	60.4	0.2	30.4	9.0
1950.....	1,683	918	4	596	165	100.	54.5	0.2	35.4	9.8
1951.....	1,630	897	5	553	175	100.	55.0	0.3	33.9	10.7
1952.....	1,673	799	6	523	345	100.	47.8	0.4	31.3	20.6
White Male.....	2,434	1,536	6	600	292	100.	63.1	0.2	24.7	12.0
White Female.....	3,372	1,810	10	1,182	370	100.	53.7	0.3	35.1	11.0
Colored Male.....	537	265	1	192	79	100.	49.3	0.2	35.8	14.7
Colored Female.....	1,255	622	2	463	168	100.	49.6	0.2	36.9	13.4

\*1947 total includes 7 persons approved for state aid in November and December, 1946.

**TABLE 24**  
**DISTRIBUTION ACCORDING TO SITE, RACE, & SEX OF CANCER CASES**  
**ADMITTED TO THE FLORIDA STATE AID PROGRAM DURING THE YEARS**  
**1947\* - 1952**

SITE	NUMBER OF PERSONS				PERCENTAGE DISTRIBUTION			
	WM	WF	CM	CF	WM	WF	CM	CF
TOTAL.....	1,536	1,810	265	622	100.	100.	100.	100.
Buccal cavity.....	191	53	31	19	12.4	2.9	11.7	3.1
Digestive system.....	134	99	81	40	8.7	5.5	30.6	6.4
Respiratory system.....	133	36	26	7	8.7	2.0	9.8	1.1
Breast.....	3	270	4	150	0.2	14.9	1.5	24.1
Female genital.....	0	655	0	330	—	36.2	—	53.1
Male genital.....	48	0	54	0	3.1	—	20.4	—
Urinary system.....	60	25	15	14	3.9	1.4	5.7	2.3
Skin.....	878	590	22	22	57.2	32.6	8.3	3.5
Other sites.....	71	65	22	27	4.6	3.6	8.3	4.3
Lymph. & haem. tissues.....	18	17	10	13	1.2	0.9	3.8	2.1

\*1947 total includes 6 persons approved for state aid in November and December, 1946.

**TABLE 25**  
**NUMBER AND PERCENTAGE OF CANCER CASES UNTRACED AFTER EACH YEAR OF FOLLOW-UP ACCORDING TO**  
**CALENDAR YEAR OF ENTRY TO PROGRAM**

CALENDAR YEAR	CUMULATIVE CASES UNTRACED AFTER EACH YEAR OF FOLLOW-UP				
	CASES ENTERING PROGRAM DURING CALENDAR YEAR	NUMBER			
		FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
1947*	153	8	11	11	12
1948	746	45	65	83	..
1949	603	29	53	..	..
1950	840	40	..	..	..
		7.8	7.2	7.2	7.8
		..	11.1	11.1	..
		..	..	..	..

Based on follow-up experience of 2342 cancer cases receiving monetary assistance under Florida State Aid Cancer Program 1947\* - 1950.  
 \*Includes 5 cases approved for State Aid in November and December, 1946.



TABLE 26  
PERCENT OF CANCER CASES SURVIVING AFTER EACH YEAR OF  
FOLLOW-UP BY SITE

SITE	PERCENT SURVIVING AT			
	1 YEAR	2 YEARS	3 YEARS	4 YEARS
TOTAL.....	76	64	57	56
Buccal Cavity.....	70	56	48	48
Digestive.....	39	26	18	*
Respiratory.....	43	31	17	17
Breast.....	77	63	52	52
Female genital.....	74	56	48	48
Skin.....	94	89	84	82
Other.....	59	41	38	38

\* None followed for four years

Based on follow-up experience through 1951, of 2,342 cancer cases who entered the Florida State Aid Cancer Program during the period, November 1946 through 1950, and who received monetary assistance.

TABLE 27  
New State Aid Cancer Cases Approved, and Expenditures Approved for  
Payment In All Cases By County, Florida, 1951 and 1952.

COUNTY	TOTAL EXPENDITURES		NEW CASES	
	1951	1952	1951	1952
STATE TOTAL.....	\$163,921.61	\$157,003.37	1,630	1,673
ALACHUA.....	4,142.73	3,415.30	26	24
BAKER.....	452.27	2,180.60	11	10
BAY.....	4,528.35	2,203.85	36	37
BRADFORD.....	1,279.27	2,024.01	15	27
BREVARD.....	1,516.93	1,045.11	10	8
BROWARD.....	3,719.34	3,513.09	32	39
CALHOUN.....	1,853.82	1,140.74	26	22
CHARLOTTE.....	1,548.05	610.90	4	7
CITRUS.....	461.78	170.00	6	9
CLAY.....	1,584.49	2,873.47	9	20
COLLIER.....	233.60	944.50	4	5
COLUMBIA.....	1,771.48	2,441.57	24	30
DADE.....	9,783.20	5,023.75	128	76
DESOTO.....	1,240.74	1,346.28	12	15
DIXIE.....	345.15	186.06	8	9
DUVAL.....	2,162.08	2,063.13	12	18
ESCAMBIA.....	8,181.75	8,911.50	96	96
FLAGLER.....	1.00	78.75	1	4
FRANKLIN.....	2,270.44	1,708.08	20	21
GADSDEN.....	2,121.21	2,243.28	42	34
GILCHRIST.....	261.62	935.74	5	9
GLADES.....	407.50	0.00	2	0
GULF.....	1,400.90	1,167.67	17	10
HAMILTON.....	870.43	513.61	10	9
HARDEE.....	1,601.94	861.25	16	16
HENDRY.....	161.25	839.46	8	8
HERNANDO.....	67.25	498.90	2	3
HIGHLANDS.....	870.59	1,403.08	19	22
HILLSBOROUGH.....	11,121.18	11,772.31	87	98
HOLMES.....	4,091.28	3,171.85	29	37
INDIAN RIVER.....	1,423.76	391.90	8	8
JACKSON.....	3,323.82	3,183.60	41	44
JEFFERSON.....	1,357.26	702.15	15	10
LAFAYETTE.....	507.14	726.11	9	7
LAKE.....	501.68	1,925.53	12	13
LEE.....	1,560.57	1,712.19	10	17
LEON.....	3,858.60	2,697.10	51	70
LEVY.....	1,780.54	1,747.77	12	7
LIBERTY.....	258.75	884.63	6	10
MADISON.....	2,202.81	2,281.90	24	23
MANATEE.....	3,130.94	2,451.78	22	15
MARION.....	2,689.20	1,087.42	24	8
MARTIN.....	1,815.88	1,806.50	14	21
MONROE.....	2,907.46	2,345.25	20	29
NASSAU.....	1,604.15	2,084.68	24	19
OKALOOSA.....	1,188.50	2,860.25	17	33
OKEECHOBEE.....	165.41	255.79	5	8
ORANGE.....	3,461.55	5,920.91	26	30
OSCEOLA.....	475.65	109.65	16	9
PALM BEACH.....	14,326.64	8,069.47	79	83
PASCO.....	2,400.06	4,288.55	27	34
PINELLAS.....	5,631.40	6,498.25	66	61
POLK.....	11,411.55	8,480.53	73	75
PUTNAM.....	2,287.80	2,609.83	31	24
ST. JOHNS.....	248.98	1,261.93	6	7
ST. LUCIE.....	1,273.36	1,375.95	26	23
SANTA ROSA.....	2,428.00	2,536.25	24	22
SARASOTA.....	1,389.29	1,775.80	12	9
SEMINOLE.....	2,347.35	1,074.17	17	14
SUMTER.....	604.66	1,171.36	14	22
SUWANNEE.....	2,517.53	2,216.90	32	33
TAYLOR.....	1,376.16	1,779.61	20	23
UNION.....	114.00	779.23	7	10
VOLUSIA.....	5,522.47	6,287.11	48	44
WAKULLA.....	1,390.17	737.25	19	12
WALTON.....	2,213.00	1,398.50	28	25
WASHINGTON.....	3,173.85	3,233.54	28	49



## DIVISION OF INDUSTRIAL HYGIENE

John M. McDonald, M. D., Director

During the year 1952, there were 219 visits made to 145 industrial plants. A total of 66 studies of potential health hazards was made. Recommendations for control were made in 36 plants where a potential or actual health hazard existed. In 19 plants, 27 of the recommended improvements were carried out. There were 28 follow-up visits on recommendations made to industrial plants during the year.

The division operated throughout the year without the services of an engineer. On many occasions, the chemist was required to undertake work of an engineering character. Extension of the industrial hygiene program could be carried on only to a limited degree. While most of the routine work was done, it was necessary to postpone services to county health departments on some occasions.

The industrial hygiene laboratory made 419 tests on 359 samples received. As usual, practicing physicians requested the services of the laboratory in many cases of suspected metal poisoning, 34 being for lead, 17 for mercury and two for cadmium. A few determinations of blood cholinesterase levels were done. The great bulk of this work is now being carried out by hospitals and private laboratories throughout the state. In addition to the routine laboratory work, a special investigation was conducted in the measurement of formaldehyde vapor in air. A short method was developed for field determinations, which is highly specific for formaldehyde.

The long range program of periodic urine lead determinations on storage battery workers and others exposed to lead hazards was continued. Repeat studies were made of several workroom atmospheres including a wire drawing plant, a lead smelter, and several storage battery plants. Several new companies began the manufacture of storage batteries during the year thus requiring an expansion of laboratory work. Many of the shoe fitting x-ray machines previously studied were given a recheck. The operation of x-ray machines in one doctor's office and three county health departments was investigated by request, to determine the amount of scattered radiation.

As in former years, complaints of atmospheric pollution continued to be common. The insecticide plant which had given rise to many difficulties in 1951 was transferred to another location and installed in a modern building. Complaints about smoke from a local incinerator were investigated in cooperation with the Duval County Health Department and the City Health Department in Jacksonville. It was found that at the end of the day the smoldering refuse left in the incinerator was being dumped on a large vacant lot. More efficient quenching of this dumped material was recommended and the condition is very much improved.

Other atmospheric pollution complaints investigated concerned the emission of sulfur dioxide fumes from a small acid plant, odors of benzene hexachloride from an insecticide plant and dust from a sand blasting operation. As the year closed, studies were being made in connection with a complaint of dust arising from the operation of a cement plant; the emission of sulfuric acid mist from the charging room of a storage battery plant; and the effluent from three automobile paint shops.

The division expanded its teaching services in 1952. The four physicians who were serving as internes in public health were shown working conditions in seven industrial plants, and were given two talks on industrial hygiene practice. Similar teaching and demonstrations were given to three groups of sanitarians at the Field Training Center in Gainesville. In cooperation with the State Civil Defense organization, the director of the division acted as liaison and coordinating officer in a series of lectures and demonstrations on radiological monitoring given at five universities in the state. Also members of the division gave lectures and demonstrations at 17 different meetings of public health personnel attending training courses in radiological monitoring and other aspects of Civil Defense.

Close relations with various Federal agencies were maintained. Many laboratory determinations on biological materials were made for hospitals attached to military establishments inside the state. Assistance was also given to the Division of Occupational Health in the U. S. Public Health Service in evaluating the present method of reporting occupational diseases.

Cooperation with the Florida Industrial Commission was carried on as usual. The outstanding example was a meeting at which the safety consultant of that body joined with representatives from this division in studying the plans for a large chemical plant now being built in the state. An engineer from the chemical plant explained the blue prints and outlined the proposed measures for the prevention of occupational diseases. An excellent opportunity was thus presented to correct potentially hazardous conditions while the plant was being built.

In order to assist the Division of Entomology the chemist tested the efficiency of five devices designed to vaporize lindane for the control of insects, in order to determine whether or not the operation of these devices created a potential hazard to persons exposed to the vapor. Information on the use of ultraviolet lights for air disinfection in schools was given to a county health officer. A consultation was held with personnel from the Bureau of Sanitary Engineering about the use of triethylene glycol vapor in air conditioning units intended to control airborne bacteria. Cooperation was furnished to the Florida Hotel Commission by checking the operation of a faulty air conditioning unit in a local hotel. A defective gas heating furnace in a large office was checked, and it was found to be giving off carbon monoxide. Recommendations were made for control of this hazard and no further trouble has been experienced. The presence of formaldehyde vapors in a men's clothing store called for prolonged investigation. Finally, the source was traced



to certain materials impregnated in clothing in order to help it hold its press. The newly developed formaldehyde test was employed in checking this working environment. This test was also used in a plant processing phenol formaldehyde plastics.

The question of potential exposures of employees to radioactivity in recovering uranium was resolved by contacting the Atomic Energy Commission through the U. S. Public Health Service. The State Board of Health was assured that adequate protective measures had been installed.

Requests for information covered a wide range of subjects. A number of people were interested in the use of triethylene glycol as an air disinfectant. After a fatality occurred in the fumigation of a house with methyl bromide, a county health department and a consulting pathologist asked for laboratory methods for detecting methyl bromide in blood. An industrial physician requested technical data on certain insecticides. A county health department was concerned with the question of recirculation of conditioned air in a general hospital. The interpretation of blood cholinesterase levels was the subject of several inquiries from out of state agencies as well as county health departments.

As in previous years, the division continued to answer many letters of inquiry from prospective visitors to Florida. Out of more than 100 letters, 40 asked for an opinion of the effect of the Florida climate on bronchitis or other respiratory infections, 35 were interested in pollen counts, and 18 wanted information on the effect of the Florida climate on arthritis.

First Aid services were made available in the central office throughout the year affording care to minor injuries. The most interesting case was a dermatitis of the hands caused by exposure to trisodium phosphate in the bacteriological laboratory. Accidental exposure to an ultraviolet lamp used in sterilization gave rise to skin burns and conjunctivitis in three employees.

Two members of the division attended the American Conference of Governmental Industrial Hygienists. Other meetings attended by division personnel included the Florida Public Health Association, the Southern Medical Association, and several meetings of county medical societies.

#### Articles by staff members:

1. McDonald, J. M. A Florida pollen study. South. M.J. 45:616-618, July 1952.
2. MacDonald, W. E., Pollard, C. B., and Gropp, A. H. A rapid micro-method for electrometric determination of red cell cholinesterase activity in whole blood. A.M.A. Arch. Indust. Hyg. 6:271-275, Sept. 19, 1952.

TABLE 28  
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES

<i>Plant Activities</i>	
Total number of different plants serviced.....	145
Total number of workers covered by services.....	5335
Total number of plant visits made.....	219
<i>Source of Service</i>	
Self-initiated .....	140
Requests from management, labor, private physicians, etc.....	37
Total —	177
<i>General Types of Service Given</i>	
	<i>No. of Services</i>
Introductory, promotional .....	43
Plant surveys .....	21
Technical studies of hazards .....	66
Discussion of reports .....	10
Investigation of occupational diseases .....	19
Investigation of nuisance complaints.....	1
Follow-up on recommendations .....	28
Miscellaneous services .....	6
Investigation of atmospheric pollution .....	31
Total —	225
<i>Recommendations</i>	
	<i>Made</i>
Number of recommendations .....	73
Number of plants involved .....	36
Number of workers affected.....	93
	<i>Carried Out</i>
	27
	19
	112
<i>Specific Services</i>	
Samples collected for laboratory analysis or examination.....	299
Other samples received for laboratory analysis.....	60
Biological .....	262
Atmospheric .....	55
Mineral .....	7
Miscellaneous .....	35
Total —	359
Number of laboratory analyses and examinations.....	419
Field determinations of atmospheric contaminants.....	29
Field determinations of physical conditions.....	657
Occupational disease claims reported officially.....	1522
Occupational diseases investigated.....	87
Research investigations .....	1
<i>Other Activities</i>	
Professional meetings attended ....	6
Lectures and talks given .....	22
Publications .....	2
Educational material distributed .....	835



TABLE 29  
OCCUPATIONAL DISEASE CLAIMS  
January 1, 1952 — December 31, 1952

Conjunctivitis .....	200
Welders .....	196
Chemical .....	4
Infections .....	57
Meat .....	34
Tuberculosis .....	8
Other .....	15
Repeated motion, pressure and shock .....	32
Bursitis .....	22
Tenosynovitis .....	10
Parathion poisoning .....	46
Respiratory irritations .....	31
Variations in air pressure .....	28
Temperature changes .....	4
Metals .....	4
Lead .....	1
Other .....	3
Dermatitis .....	1110
Citrus .....	107
Alkali .....	281
Solvents and oils .....	189
Other chemicals .....	164
Plant .....	115
Larva migrans .....	80
Fungus .....	57
Wood preservatives .....	18
Glue .....	6
Chrome .....	4
Acid .....	3
Other .....	86
Diagnosis indefinite .....	10
Total —	1522

## VETERINARY PUBLIC HEALTH

JAMES E. SCATTERDAY, D.V.M., M.P.H.

Veterinary Public Health is concerned with those diseases of animals transmissible to man. Studies show that over one hundred types of infections and parasitic diseases can be contracted by human beings from animals. About twenty of these can be said to be of major importance from the standpoint of public health.

The milk sanitation consultant and the veterinarian continued during the year to offer consultation service to the county health departments in the milk control program. This service has been of two types, one was consulting in special problems in milk control and the other has been the making of surveys in individual counties.

The enforcement of milk regulations has been left entirely up to the county health departments through city ordinances. Services have been rendered to the training of sanitarians in the Gainesville Training Center. Efforts have been made to encourage the passing of city milk ordinances, as well as encouraging the installation of better equipment in the various dairies visited with sanitarians of local health departments.

Florida reports only ten cases of brucellosis in humans for 1952. (Brucellosis, which usually affects cattle, swine and goats, causes undulant fever in humans.) This appears to be a very small number when the number of infected cattle and swine still remains high. There were 8,221 herds containing 82,764 cattle tested for brucellosis or "Bangs Disease," and 1,627 reactors were found and controlled; 32,735 calves were vaccinated by practicing veterinarians and Bureau of Animal Industry employees for brucellosis. This vaccination program could in time lead to negative herds which would not only be free from brucellosis but also have a good degree of immunity against the disease. In cooperation with the U. S. Bureau of Animal Industry the brucellosis ring test is made on wholesale milk samples collected by county sanitarians. These tests are made in the State Board of Health Laboratories and reported to the Bureau of Animal Industry who have veterinarians stationed throughout the state. In case of suspicious or positive milk ring test, the herds are blood tested by these veterinarians. This cooperative program gives a much closer check on the dairies with less effort and personnel. Most municipalities require that all cattle producing milk for consumption, even though pasteurized, be on an approved brucellosis control program. The State Board of Health cooperates with the Florida Live Stock Sanitary Board and the U. S. Bureau of Animal Industry in the control of this very important animal and human disease. All but seven dairies in the State are now under an approved program for the control of this disease. Two of these are under supervision of a local veterinarian at the present time.

The family milk cow should not be under-rated in its part in human



brucellosis. This milk is rarely pasteurized and is consumed in the raw state, therefore all effort must be made to eliminate brucellosis in family cows as it is only with the elimination of this disease in the animal reservoir that undulant fever in humans can be prevented.

Bovine tuberculosis, after many years of united effort (by state control agencies, federal government, dairymen and cattlemen), has been reduced to a minimum. However, it still exists and all effort must be exerted to maintain the low incidence of infection, and to hope for eventual complete eradication of this disease which still causes much human illness in countries where the infection rate in cattle is high. Florida, being a dairy cattle importing state, realizes that a continuous, watchful program is important. Cattle are shipped to Florida's dairies from as far north as Minnesota and New York, and from all the southern states. One tuberculosis-infected cow, left undetected in a dairy herd, can be disastrous to the dairy and a definite menace to humans as well. As one example: in a West Florida county an untested cow was added to a small dairy. When this herd of 29 cattle was tested some twelve months later, sixteen cattle (both old and young) were removed as having tuberculosis. Many of these cattle showed multiple TB lesions on post mortem. On following tests at monthly intervals nineteen additional animals were removed. These consisted of contact animals in the dairy. The following is a history of this herd:

Date of TB Test	No. Passed	No. Reactors	Total No. of Cows Tested
2-14-51	29	0	29
2-13-52	13	16	29
3-12-52	15	14	29
4-16-52	15	2	17
5-22-52	17	2	19
6-26-52	17	1	18
8-20-52	18	0	18

TOTAL TB REACTORS ..... 35

The difference in the number of cattle tested was the result of calves being born in the herd, and cattle being added to it. In all, 35 cattle developed tuberculosis from the one untested addition to the herd. During this time the milk from this herd had been consumed raw by the family.

There were 114,103 cattle tested in 4,099 herds for tuberculosis in 1952; 44 reactors in twelve herds were disclosed.

As in brucellosis, the family milk cow, whose milk is seldom, if ever, pasteurized, should be periodically checked for tuberculosis. These tests are offered free to all family milk cow owners every three years. The county health departments should be contacted regarding these tests.

Mastitis, an infection of the bovine udder, which may cause septic sore throat, staphylococcus poisoning, and dysentery in man, is gaining in importance. The dairy herds are increasing in size as Florida's population expands. New milking methods and equipment, through which

the milk goes direct from the cow to holding tanks on trucks, stresses the importance of the detection and control of diseased cattle.

The Livestock Sanitary Board's mastitis program has 645 of the approximate 1,012 dairies in Florida under its supervision. Two of the larger county health departments require this mastitis program of their dairymen, and most of the others encourage the dairies to adopt it. As it is a voluntary program, one of better milking methods and herd management, all dairies in the state should take advantage of this service.

Rabies, although now under much better control, still presents a veterinary public health problem. A total of 21 animals were found to be rabid in the following counties; Brevard, DeSoto, Duval, Flagler, Hendry, Hillsborough, Holmes, Leon, Okaloosa, Osceola, Pasco, Pinellas and Volusia. There were twelve dogs, seven raccoons, one cat and one skunk.

Measures such as vaccination programs and stray dog control by municipalities and county health departments has accomplished much to reduce the susceptible canine population and thus reduce the incidence in dogs. Rabies, however, in wild life, such as raccoon, skunk and fox, presents a dual responsibility between the fish and game agencies and the health departments since only a reduction of the species population will control it. The increase in rabies in 1952 as compared to 1951 may be attributed to the disease being in two additional species, the raccoon and skunk. The epidemiological pattern of the disease in wildlife is so far unexplained and geographically covers a wide area as well as being spread throughout the year in regard to incidence. Wild life rabies is of interest also to our rapidly expanding livestock industry because whenever the disease appears in wild life, livestock (especially cattle) are exposed.

As shown by the following figures no human rabies cases were reported in 1952. However, 422 rabies treatments were dispensed through the county health departments.

Year	Animal Cases	Human Cases	Humans Treated
1947	394	—	1,434
1948	332	1	1,322
1949	73	—	770
1950	38	—	500 + ?
1951	14	—	562
1952	21	—	422

Anthrax was first diagnosed in cattle in Broward County where it was found on six farms. From there it spread to Dade County (one farm), Palm Beach County (five farms), Polk County (one farm), and Duval County (one farm).

Infected anthrax areas are under quarantine by the Florida Livestock Sanitary Board. Live spore vaccine is permitted to be used by special permission where the disease has been diagnosed and confirmed by laboratory tests. Veterinarians are stationed in the anthrax area, post mortems are performed, and suspicious specimens submitted to the State Board of Health Bureau of Laboratories for culture, animal inoculation and con-



firmation. A survey of all feed sources which may be contaminated with anthrax has been made by the Livestock Sanitary Board employees and samples submitted to the State Board of Health Laboratory, Veterinary Bacteriology Section, for analysis. There were 171 feed and feed supplement samples analyzed and no positives have been found to date.

Seventy-two cases of equine encephalomyelitis, all fatal, were reported in horses in 1952. Clinically and from the specimens submitted for laboratory diagnosis, the indication was that these cases were of the Eastern Equine strain. The greatest number of cases occurred through June and July. Reporting of equine encephalomyelitis has been uneven and many cases are not reported nor seen by veterinarians as horse owners are familiar with the disease symptoms and its high fatality rate even with adequate veterinary treatment of the sick animal. One human case of encephalomyelitis was proven to be of Eastern Equine origin. Annual vaccination of horses and mules is the only recommended control measure and this should be done prior to the mosquito season.

On January 7, 1952 a parrot, submitted to the laboratory by a practicing veterinarian, proved to have died of psittacosis. This bird had been on display at an inn in one of our southern counties. A macaw, also on display, later proved positive to psittacosis on February 13, 1952. The State of Minnesota informed the Florida State Board of Health that two human cases of psittacosis occurred in their state that could be possibly traced to a parakeet purchased in Florida.

The following is a report of a study made in cooperation with the Communicable Disease Center and the Florida State Board of Health, of various areas in the State of Florida:

No. of Specimens submitted	Species of birds or type of specimens submitted	No. of specimens positive
105	Parakeet (examined for psit. virus)	14
69	Pigeon	0
1	Macaw (suspect)	1
9	Other birds not specified	0
94	Human sera	0
8	Bird droppings from chicken farms	0
20	Chicken spleens	0
33	Human blood (poultry workers — Jax)	0

There were eight bird farms or pet shops from which a positive diagnosis of psittacosis was established. All virus examinations were done by the U. S. Public Health Service Virus Laboratory in Montgomery, Alabama. In the follow-up of hospital patients, bird handlers and poultry workers who had a virus infection, no human case of psittacosis was diagnosed in Florida. This survey disclosed that psittacosis may be endemic in the many aviaries in Florida but is not of major public health importance.

A study to determine the incidence of the larva of the dog and cat hookworm "*Ancylostoma Braziliense*", which causes dermatitis of humans commonly called creeping eruption, was conducted in cooperation with the Communicable Disease Center, Veterinary Section. This survey was

conducted by trainees or junior students from the Veterinary College at Auburn, Alabama. There were 1,295 samples collected and examined from eighteen Florida beaches and only four samples proved positive. These samples were collected in areas not typical of Florida beach conditions, but the soil was dark, heavy and contained much organic matter. Although the study should not be regarded as conclusive, conditions on the Florida beaches are not such as to allow them to serve as a major source of creeping eruption infection as has been suggested.



**BUREAU OF TUBERCULOSIS CONTROL**

C. M. SHARP, M.D., Director

In spite of the phenomenal progress that has been made in case finding and the treatment of tuberculosis in Florida over the past seven years, tuberculosis still remains the number one cause of death among all infectious diseases. If communicable diseases are considered in one large group, it is plain that tuberculosis constitutes 50 per cent of the deaths from all infectious diseases and, therefore, remains one of Florida's leading public health problems. In spite of this, however, we have made steady progress in the control of tuberculosis over the year 1951.

**MORTALITY**

Provisional totals indicate that there were about 505 deaths from tuberculosis in 1952. The death rate in 1952 was 16.8 per 100,000 people, as compared to the rate of 17.2 for the previous year. It can also be seen that the mortality rate from tuberculosis has decreased approximately 50 per cent during the past six years and yet as much tuberculosis is being found at present as formerly.

Table 30 indicates the tuberculosis mortality rate by race from the year 1920 through 1952, and a curve of the mortality rate shows a steady decrease. It should be noted, however, that in the year 1952 there has been a significant increase in the number of deaths among the negro population in the state. In 1951 there were only 231 negroes reported as dying from tuberculosis. This increased in 1952 to 252. There was, however, a rather marked decrease in the white tuberculosis mortality which offset the increase in the negro mortality rate, making for a general overall decrease in the tuberculosis death rate.

**CASE FINDING**

The difficulty in having adequate case reporting has been stressed many times. During 1952 there were 2603 cases of tuberculosis reported to our central case register. This compares favorably with 2590 cases reported in 1951.

An analysis of the number of cases reported continues to show (as noted in Table 31) that the greatest number of reported cases are among white males. Of the cases reported 1231 were among white males and 672 among white females, while 438 cases were reported among the colored males and 256 among colored females. It is particularly gratifying to note a very decided increase in the number of cases reported among the negro population, which is believed to be an indication of improved case reporting and not an actual increase in the incidence of tuberculosis.

In regard to stage of the disease reported, too many cases are still reported in the advanced stage. In 1952 there were 701 cases reported as Far Advanced as against 604 reported during 1951. There were 977 Moderately Advanced tuberculosis cases reported as against 921 in 1951. Twenty-seven per cent of all cases reported during 1952 were Far Advanced Tuberculosis, while 23.3 per cent were reported in 1951. Thirty-seven and five tenths per cent in 1952 were Moderately Advanced, which is an increase over 35.6 per cent reported in 1951. It is also significant that in 1952 only 23.6 per cent were reported in the Minimal stage of the disease while in 1951 29.8 per cent were in the minimal stage of the disease. Therefore, in spite of our case finding activities we are finding too many Far Advanced cases. (See Table 32.) Of course, it must be realized that these advanced cases being known to the public health authorities is a significant feature in any tuberculosis control program since a good portion of them were hospitalized.

Table 33 compares the total number of cases demonstrated in 1951 and 1952 broken down by race and sex, and Table 5 demonstrates the number and percentage of tuberculosis cases reported by age groups in Florida in 1952. It is noteworthy that practically the same age spread is present in the distribution of the disease as has been noted in the past few years, which is primarily a swing toward an increase in tuberculosis among the older age groups; and a proportionate decrease in the amount of tuberculosis reported among the younger age groups, which is a finding that seems to be rather characteristic of Florida alone.

**CENTRAL TUBERCULOSIS CASE REGISTER**

It is the feeling of this Bureau that it is almost impossible to keep current statistics on the tuberculosis problem without an adequate case register. A great deal of the activity of the Bureau of Tuberculosis Control is in maintaining and compiling statistics from the central case register, incorporating information received from county health departments and transferring information to county health departments. This information is shown in Tables 35 and 36. There was a slight increase in the number of cases carried in the register in 1951 from 11,037 to 11,172 in 1952. It is very gratifying, however, to note that the number of patients shown as being hospitalized as of December 31, 1952 was 2038 as compared with 1741 in 1951, and that 51.3 per cent of all known active cases are now hospitalized, whereas only 44.2 per cent were hospitalized in 1951.

A further significant figure demonstrated by the case register is that there has been a decided decrease in the number of active cases of tuberculosis residing in the home. In 1951 there were 2200 known active cases at home and this has decreased to 1938 for 1952. In percentage this represents a decrease from 19.9 per cent in 1951 to 17.4 per cent in 1952, or 2.5 per cent decrease in the number of active cases residing at home.

In 1952 the number of active cases at home whose sputum had not



been examined decreased to 343 as compared to 557 in 1951. This indicates that a much more concerted effort is being made to obtain current bacteriological information concerning the activity of patients residing at home.

In the case register there has been a decrease of 1 per cent in the cases considered questionably active. In 1952, of all the cases in the register, 11.2 per cent were considered questionably active, while 52.3 per cent were considered inactive as compared with 51.5 per cent in 1951.

In Table 37 we have attempted to analyze the case register for source of reporting. Of the 2603 cases officially reported for 1952, as usual, the vast majority were reported by county health departments. Seventy-two and five tenths per cent were first reported by local health departments while 7.8 per cent were first reported by sanatoria. Private physicians reported only 1.6 per cent, but it should be pointed out that this does not present a true picture since most of the private physicians refer their cases directly to the health department, and as a result we have reporting from private physicians which does not appear on our official records. The Veterans Administration reported 6.9 per cent of the tuberculosis disease, and our liaison with this agency has continued to be excellent even though there were fewer cases reported by them in 1952 as against 1951.

One of the distressing features when one analyzes the source of reporting is that 108 cases reported, or 4.2 per cent of all cases, were first known to this bureau from death certificates. The Florida State Hospital at Chattahoochee reported no cases of tuberculosis in 1952, yet death certificates showed there were 14 deaths from tuberculosis at this hospital first reported by death certificate only. There is also a rather marked rise in the number of cases first reported by death certificate in Duval County. While these persons might all have been under care and isolation, and may have been known to local health authorities, this bureau certainly has no way of knowing whether cases of tuberculosis reported first by death certificate have been under proper care and supervision. Certainly all cases at Chattahoochee dying of tuberculosis should be known so that contact follow-up can be carried out through the local health departments.

#### MASS CHEST X-RAY SURVEYS

As usual a great deal of the activity in the expenditure of funds by the Bureau of Tuberculosis Control has been in conducting mass community-wide chest x-ray surveys throughout the State of Florida with four mobile x-ray units as well as ten stationary units operating full time in larger counties.

During 1952 there were 382,004 persons who received a chest x-ray examination which is approximately the same number examined in 1951.

Fifty-four different surveys were conducted during 1952, the largest being held in Duval County. Of the groups surveyed there were 344

definite tuberculosis cases demonstrated on the survey films, and 3,267 cases suspicious of tuberculosis. Large x-ray film follow-up was done on 61 per cent of all the suspicious and definite cases of tuberculosis found on survey films. Of the 3,611 cases isolated from the survey films, there were 2,211 follow-up examinations. Table 38 shows a complete breakdown of the amount of disease found.

Of the 2,211 cases given 14 x 17 inch x-ray follow-up 92 of those examined showed Far Advanced tuberculosis, 359 revealed Moderately Advanced tuberculosis and 346 demonstrated Minimal disease. In addition, there were 179 cases showing evidence of other tuberculosis. Thus, out of the 54 surveys conducted in 1952 there were 976 cases of tuberculosis brought to light. Further, 123 cases were still considered suspicious of tuberculosis and 241 cases were given reserved diagnosis. Also, there were 290 cases revealing evidence of pathology other than tuberculosis.

When one considers the activity of the disease demonstrated, it should be noted that 197 of the cases found were definitely active and 300 were questionably active. This represents fewer active and questionably active cases than were demonstrated in 1951. Year after year it has been noted that less significant tuberculosis is being found by x-ray surveys. Of the cases of tuberculosis detected 578 were new cases and 279 were cases that had been previously known to this bureau. Hospitalization was advised on 256 cases and further clinical study on 593 cases to determine whether or not hospitalization was indicated.

In addition to the tuberculous pathology detected on x-ray survey, an attempt was made to keep a record of the number of tumor cases and also persons with evidence of cardiovascular disease. During 1952 150 tumor cases and 1087 cases of significant cardiac pathology were detected, which was not followed-up by x-ray or clinical study by this bureau, but the patients were referred to their physicians for follow-up.

X-ray surveys, as indicated by Table 38, are still a very productive source of case finding. Of those patients examined by x-ray surveys, 0.22 per cent were found to be significant cases of tuberculosis. The overall analysis of the 70 mm films indicates that approximately 2 per cent of patients are found with all types of pathology, including tumor, heart, reserved diagnosis and undetermined diagnosis as well as tuberculosis.

It is the hope of the Bureau of Tuberculosis Control that sufficient funds will be made available with which to purchase new bus-mounted equipment and generating equipment to permit the installation of some of the used equipment in local health departments which could put it to very good use. The present equipment is beginning to get somewhat old with frequent breakdowns.

#### CONSULTATION X-RAY SERVICE

The consultation x-ray service which has been conducted by the Bureau of Tuberculosis Control has shown a very marked increase from



16,715 14 x 17 inch x-rays read in this bureau during the year 1951 to 18,962 read during 1952. One of the significant features to be noted is that 68.6 were examined for the first time with 14 x 17 inch x-ray and 61.4 per cent received subsequent large film follow-up. Of the entire group of films interpreted 4.9 per cent were considered suspicious of tuberculosis, .28 per cent were considered minimal, active, 1.96 were considered moderately advanced, active, and 2.25 were considered moderately advanced, questionably active. It should also be pointed out that 1.12 per cent of all films examined showed far advanced tuberculosis, active, and .18 per cent were far advanced tuberculosis, questionably active. Of all the consultation x-rays examined 20.3 per cent showed evidence of tuberculous pathology while 4.18 per cent showed evidence of pathology other than tuberculosis, and on 2.27 per cent the diagnosis was reserved. This makes an overall total of 26.8 per cent of all persons examined by consultation and clinic x-ray showing evidence of pathology. Table 39 shows the number of clinic and consultation x-rays interpreted during 1952 divided into stage of the disease, age, sex and color, with the percentage of pathology in the various categories.

#### TUBERCULOSIS CONSULTATION CLINICS

Consultant services for contacts, suspects and cases were provided by the Bureau to a lesser extent in 1952 than was the case in 1951. The lesser number of persons seen in 1952, as compared with the previous year, is believed to express increased interest and activity on the part of each health department in providing special diagnostic procedures locally. More health officers have either undertaken to carry out special tests on their own, or have been able to arrange for the performance of such tests in the community. In part the decrease in consultant services has been due to inadequate professional staff in the bureau.

Two hundred and nineteen consultations were given during the year in nineteen different locations throughout the State. Health officers were again urged to refer patients across county lines whenever clinics were held within reasonable travelling distance of those requiring consultation service. While the death rate from pulmonary tuberculosis is decreasing, our diagnostic x-ray clinic work indicates that the number of inactive and arrested cases requiring follow-up are increasing. The State Board of Health will continue to provide medical observation and advice to such persons in order to prevent possible reactivation of their disease. This class of patient requires long term medical observation and guidance for preventive reasons.

During 1953 consultation clinics will again be held throughout the State at the request of county health officers. Whenever such clinics are held health officers and nurses in neighboring counties will be notified so as to permit the broadest use of these clinic services.

#### TUBERCULOSIS ACTIVITIES IN LOCAL HEALTH DEPARTMENTS

The monthly activity report from the Bureau of Local Health Service indicates that an extraordinary amount of activity is being carried out by

the local health departments in the field of tuberculosis control. With Florida's excellent coverage by local health departments, the functions of this Bureau can certainly be carried out much more effectively.

Admitted to the medical service of the local health departments were 1456 new cases of tuberculosis, while 7838 contacts and suspects were under observation. There were 3297 cases and 8834 contacts and suspects admitted to the nursing service.

During 1952 27,564 14 x 17 inch x-rays were taken by units operated by local health departments and by the portable unit of the State Board of Health, most of which were interpreted in this bureau.

There was an increase in the number of nursing visits in 1952 to 29,428 as against 28,443 during 1951.

Through the activities of the local health departments 2134 patients were hospitalized. This is an increase of 749 patients hospitalized over 1951, or a 35 per cent increase.

#### TUBERCULOSIS HOSPITALS

During the year 1952 two additional units of the State Tuberculosis Hospital system were placed into operation, one at Tampa and the other at Tallahassee. The bed capacity of the W. T. Edwards Tuberculosis Hospital at Tallahassee is 400 and the capacity of the Southwest Florida Tuberculosis Hospital, Tampa, is 550. With the addition of these two new modern hospitals to the beds already constructed at Orlando and Lantana, Florida now has a State tuberculosis hospital system which is second to none in this country. There are 1850 beds available for the treatment of tuberculosis patients which represents approximately 3.2 beds available in the State for each death from tuberculosis.

At the present time all of the hospitals are not functioning at full capacity, but with the coming session of the legislature, it is hoped that there will be an ample budget to operate them properly. As of December 31, 1952 there were 1805 patients in residence at the various tuberculosis hospitals. Unfortunately, the Tuberculosis Board was forced to give up its facility for vocational rehabilitation at Marianna due to the fact that the air field previously located there was reactivated by the Air Force.



TABLE 30  
RECORDED DEATHS FROM TUBERCULOSIS (ALL FORMS) AND DEATH  
RATES PER 100,000 POPULATION, BY COLOR, FLORIDA, 1920-1952

YEAR	TOTAL		WHITE		COLORED	
	DEATHS	RATE	DEATHS	RATE	DEATHS	RATE
1952*	505	16.8	253	10.6	252	40.1
1951	498	17.2	267	11.7	231	37.4
1950	505	18.1	244	11.1	261	42.9
1949	659	24.5	301	14.4	358	59.9
1948	720	27.8	332	16.6	388	66.0
1947	760	30.6	371	19.5	389	67.4
1946	687	28.9	333	18.4	354	62.4
1945	701	30.8	340	19.8	361	64.8
1944	791	36.0	369	22.4	422	76.9
1943	834	39.2	363	22.9	471	87.1
1942	859	41.8	360	23.6	499	98.6
1941	916	46.1	362	24.8	554	105.5
1940	961	50.2	379	27.1	582	112.5
1939	921	49.7	376	27.9	545	107.3
1938	987	55.0	407	31.4	580	116.4
1937	966	55.6	400	32.0	566	115.8
1936	905	53.9	387	32.3	518	108.2
1935	908	55.7	397	34.5	506	107.9
1934	953	60.1	381	33.9	572	123.9
1933	1,039	66.9	398	36.1	641	142.1
1932	1,093	71.5	395	36.5	698	156.2
1931	1,067	70.8	427	40.1	640	144.8
1930	1,015	68.6	432	41.3	583	134.0
1929	1,014	70.8	416	41.3	598	140.6
1928	1,102	79.7	481	49.7	621	149.5
1927	1,097	82.2	463	49.8	634	156.4
1926	1,187	92.3	519	58.3	668	169.0
1925	999	80.8	426	50.0	573	148.7
1924	1,054	88.7	457	56.2	597	159.1
1923	1,079	94.7	490	63.3	589	161.2
1922	1,019	93.5	440	59.9	579	163.0
1921	951	91.3	401	57.6	550	159.3
1920	1,016	102.3	423	64.3	593	176.8

\*Data for 1952 are provisional

TABLE 31  
TUBERCULOSIS CASES REPORTED BY RACE, SEX, STAGE OF DISEASE  
BY COUNTY, FLORIDA, 1952

COUNTY	CASES REPORTED										
	Total Cases	RACE AND SEX				STAGE OR DISEASE					
		WHITE		COLORED		Unknown	Primary	Minimal	Moderately Advanced	Far Advanced	Non Pulmonary
		Male	Female	Male	Female						
TOTAL	2,608	1,231	672	438	256	6	29	615	977	701	58
Alachua	49	19	13	13	4	0	1	11	22	6	1
Baker	6	2	0	4	0	0	0	0	4	2	0
Bay	20	9	5	3	2	0	0	2	12	4	1
Bradford	9	5	2	2	0	0	0	1	7	3	0
Brevard	24	12	6	4	2	0	1	11	11	2	0
Broward	88	35	23	18	12	0	3	19	32	27	5
Calhoun	8	6	1	1	0	0	0	3	3	0	0
Charlotte	3	1	0	2	0	0	0	0	1	1	0
Citrus	6	4	2	0	0	0	0	0	5	1	0
Clay	13	7	5	1	0	0	0	3	7	1	0
Collier	1	0	1	0	0	0	0	0	0	0	0
Columbia	17	7	5	3	2	0	0	3	5	7	1
Dade	507	254	148	69	33	3	7	103	180	187	15
DeSoto	7	3	0	3	1	0	0	2	2	3	0
Dixie	2	1	0	0	1	0	0	1	0	1	0
Duval	384	158	78	100	48	0	2	95	133	105	11
Eecambia	55	18	16	10	11	0	1	11	24	15	0
Flagler	5	4	1	0	0	0	0	2	1	1	0
Franklin	6	4	0	2	0	0	0	0	2	4	0
Gadsden	26	2	3	13	8	0	0	0	8	8	0
Gilchrist	0	0	0	0	0	0	0	0	0	0	0
Glades	3	2	0	0	1	0	0	1	0	2	0
Gulf	6	1	4	0	1	0	0	1	2	2	1
Hamilton	5	1	0	2	3	0	0	0	3	1	0
Hardee	5	3	2	0	0	0	0	0	3	0	0
Hendry	1	1	0	0	0	0	0	1	0	0	0
Hernando	7	4	3	0	0	0	0	2	2	2	1
Highlands	10	4	1	5	0	0	0	2	5	1	0
Hillsborough	246	136	71	25	14	0	1	100	71	41	3
Holmes	3	2	1	0	0	0	0	2	1	0	0
Indian River	9	4	2	2	1	0	0	0	5	3	0
Jackson	24	8	4	6	6	0	0	2	9	11	1
Jefferson	1	0	1	0	0	0	0	1	0	0	0
Lafayette	2	2	0	0	0	0	0	0	2	0	0
Lake	20	9	8	2	1	0	0	4	7	7	0
Lee	26	13	7	5	1	0	0	6	13	3	1



TABLE 31—Continued  
TUBERCULOSIS CASES REPORTED BY RACE, SEX, STAGE OF DISEASE  
BY COUNTY, FLORIDA, 1952

COUNTY	CASES REPORTED											
	Total Cases	RACE AND SEX				STAGE OR DISEASE						
		WHITE		COLORED		Unknown	Primary	Minimal	Moderately Advanced	Far Advanced	Non Pulmonary	Stage Unknown
		Male	Female	Male	Female							
Leon.....	36	16	1	13	6	0	2	6	15	9	1	3
Levy.....	7	4	2	0	1	0	0	1	4	0	0	2
Liberty.....	3	1	1	0	1	0	0	3	0	0	0	0
Madison.....	15	5	3	3	4	0	0	3	4	5	2	1
Manatee.....	19	9	7	1	2	0	0	2	11	4	0	2
Marion.....	33	9	8	9	7	0	0	4	17	9	1	2
Martin.....	4	2	1	0	1	0	0	0	3	0	0	0
Monroe.....	19	14	3	2	0	0	0	0	8	5	0	3
Nassau.....	13	5	2	4	2	0	1	1	8	3	0	0
Okaloosa.....	14	10	4	0	0	0	0	0	3	5	0	1
Okeechobee.....	0	0	0	0	0	0	0	0	0	0	0	0
Orange.....	101	49	26	16	10	0	1	23	37	30	4	6
Osceola.....	8	5	3	0	0	0	0	0	3	2	1	2
Palm Beach.....	111	55	18	22	14	2	1	21	53	21	0	15
Pasco.....	14	5	3	4	2	0	1	3	4	3	2	1
Pinellas.....	263	142	101	9	11	0	3	89	90	70	2	9
Polk.....	104	52	24	17	11	0	2	24	44	18	1	15
Putnam.....	27	11	3	6	6	1	1	2	8	10	0	6
St. Johns.....	24	10	5	4	3	0	0	3	6	8	0	7
St. Lucie.....	17	7	4	3	3	0	1	1	11	2	1	1
Santa Rosa.....	6	5	1	0	0	0	0	0	3	3	0	4
Sarasota.....	17	8	8	1	0	0	0	6	3	3	1	3
Seminole.....	14	3	5	4	2	0	0	0	5	6	0	0
Sumter.....	3	1	2	0	0	0	0	1	2	0	0	1
Suwannee.....	14	6	4	2	2	0	0	5	4	4	0	0
Taylor.....	4	2	0	2	0	0	0	0	4	1	0	0
Union.....	5	2	2	0	1	0	0	0	4	1	0	0
Volusia.....	52	29	10	6	7	0	0	6	23	17	0	6
Wakulla.....	0	0	0	0	0	0	0	0	0	0	0	0
Walton.....	6	2	3	1	0	0	0	1	4	1	0	0
Washington.....	9	4	1	1	3	0	0	1	5	3	0	0
Florida State Hospital ..	14	5	2	4	3	0	0	0	0	1	1	12
Florida State Prison ..	22	12	2	8	0	0	0	8	13	0	0	1

TABLE 32  
Comparison of Number and Percentage of Reported Tuberculosis Cases  
By Stage of Disease Florida, 1951 and 1952

STAGE	1951		1952	
	CASES	PERCENT	CASES	PERCENT
TOTAL.....	2,590	100.0	2,603	100.0
Primary.....	27	1.0	29	1.1
Minimal.....	773	29.8	615	23.6
Moderately Advanced.....	921	35.6	977	37.5
Far Advanced.....	604	23.3	701	27
Non-Pulmonary.....	43	1.7	58	2.2
Unknown.....	222	8.6	223	8.6

TABLE 33  
COMPARISON OF NUMBER AND PERCENTAGE OF REPORTED  
TUBERCULOSIS CASES BY RACE AND SEX, FLORIDA, 1951 AND 1952

RACE AND SEX	1951		1952	
	CASES	PERCENT	CASES	PERCENT
TOTAL.....	2,590	100.0	2,603	100.0
White Male.....	1,276	49.2	1,231	47.3
White Female.....	712	27.5	672	25.8
Colored Male.....	351	13.6	438	16.8
Colored Female.....	225	8.7	256	9.9
Unknown.....	26	1.0	6	.2

TABLE 34  
NUMBER AND PERCENTAGE OF TUBERCULOSIS CASES REPORTED BY  
AGE GROUPS, FLORIDA, 1952

AGE GROUPS	CASES	PERCENT
TOTAL.....	2,603	100.0
-5.....	32	1.2
5-14.....	31	1.2
15-24.....	195	7.5
25-44.....	1,013	38.9
45-64.....	908	34.9
65+.....	357	13.7
Unknown.....	67	2.6



TABLE 35  
ANALYSIS OF CASES IN THE CENTRAL TUBERCULOSIS CASE REGISTER, DECEMBER 31, 1952

COUNTIES	ACTIVE CASES			Q. Act. Cases	Inact. Cases	Hospitalized	Other TBC	Total Cases	Current in Examination	% Of Patients Current Outside Of Hospitals
	Pos. Sputum	Neg. Sputum	Undetermined Sputum							
Alachua.....	20	16	8	42	140	37	1	264	84	37%
Baker.....	4	1	1	3	12	5	0	26	11	42%
Bay.....	7	8	3	7	92	26	0	143	63	44%
Bradford.....	2	4	0	6	12	7	0	31	6	19%
Brevard.....	14	4	3	11	40	17	0	89	24	27%
Broward.....	27	15	6	21	121	73	2	265	92	35%
Calhoun.....	1	1	1	3	17	3	0	29	14	48%
Charlotte.....	0	1	0	1	11	5	0	13	9	69%
Citrus.....	5	2	0	7	8	4	1	30	11	36%
Clay.....	2	2	1	5	9	7	0	28	11	39%
Collier.....	0	3	0	3	7	4	0	19	3	16%
Columbia.....	6	9	3	18	32	23	0	79	19	24%
Dade.....	160	91	9	96	797	428	20	1,601	762	48%
DeSoto.....	2	3	2	7	19	4	0	40	13	32%
Dixie.....	0	0	1	1	5	5	0	14	4	29%
Duval.....	42	25	9	46	164	60	3	339	126	37%
Escambia.....	44	26	20	66	271	90	1	468	107	23%
Flagler.....	2	0	1	3	5	1	0	11	5	45%
Franklin.....	2	1	0	3	8	5	0	17	3	18%
Gadsden.....	3	8	4	15	43	26	1	100	29	29%
Gilchrist.....	1	1	0	2	10	0	0	13	3	23%
Glades.....	1	1	1	3	6	2	0	13	5	38%
Gulf.....	3	3	1	7	13	9	0	28	8	29%
Hamilton.....	4	2	3	9	16	4	0	33	7	21%
Hardee.....	3	3	1	7	18	0	0	18	6	33%
Hendry.....	1	2	0	3	6	2	0	16	5	31%
Hernando.....	4	2	0	6	27	6	0	51	12	24%
Hillbrough.....	176	51	93	150	1,086	160	11	1,675	328	19%
Holmes.....	4	6	1	8	8	4	0	27	9	33%
Indian River.....	5	2	1	8	25	7	1	49	11	22%
Jackson.....	5	8	1	14	57	32	1	121	37	31%
Jefferson.....	4	1	0	5	15	5	0	26	8	31%
Lafayette.....	0	1	0	1	2	1	0	9	3	33%
Lake.....	10	7	2	14	66	17	2	118	31	26%

TABLE 35—Continued  
ANALYSIS OF CASES IN THE CENTRAL TUBERCULOSIS CASE REGISTER, DECEMBER 31, 1952

COUNTIES	ACTIVE CASES			Q. Act. Cases	Inact. Cases	Hospitalized	Other TBC	Total Cases	Current in Examination	% Of Patients Current Outside Of Hospitals
	Pos. Sputum	Neg. Sputum	Undetermined Sputum							
Lee.....	3	5	5	14	34	13	0	74	28	46%
Leon.....	12	4	4	16	94	30	2	162	59	36%
Liberty.....	3	1	0	4	14	5	1	31	7	23%
Livestock.....	0	1	0	1	5	2	0	12	3	25%
Madison.....	4	2	0	6	24	15	0	53	12	23%
Manatee.....	8	5	8	20	63	32	2	118	67	56%
Marion.....	10	9	4	23	72	32	0	147	63	43%
Martin.....	1	9	3	13	15	8	0	43	9	21%
Monroe.....	12	7	9	28	39	17	0	98	14	14%
Nassau.....	1	7	3	11	26	12	1	66	21	31%
Norfolk.....	3	5	6	14	29	10	0	61	12	20%
Okaloosa.....	0	3	0	3	6	1	0	12	1	8%
Okeechobee.....	46	42	26	74	314	89	4	595	46	7%
Orange.....	4	2	1	7	23	5	1	45	9	20%
Osceola.....	96	27	26	104	262	102	4	561	146	26%
Palm Beach.....	13	8	0	21	34	6	1	72	10	14%
Pasco.....	79	29	15	92	517	93	5	830	362	43%
Pinellas.....	20	24	18	74	255	94	1	486	188	39%
Polk.....	10	8	0	18	43	24	0	82	27	33%
Putnam.....	8	5	3	16	46	16	0	85	15	18%
St. Johns.....	6	3	5	14	30	17	0	68	8	12%
St. Lucie.....	3	1	0	4	24	10	1	47	8	17%
Santa Rosa.....	12	6	3	19	70	14	1	108	26	24%
Seminole.....	3	8	1	12	59	14	0	90	13	14%
Sumter.....	6	3	1	10	13	8	0	47	16	34%
Suwannee.....	1	6	2	9	19	3	2	48	11	23%
Taylor.....	1	6	0	7	28	6	0	16	5	31%
Union.....	20	8	8	23	136	28	2	225	81	36%
Volusia.....	1	0	0	1	8	4	0	16	7	44%
Wakulla.....	3	1	1	5	15	5	1	29	15	52%
Washington.....	1	1	1	3	11	10	0	38	8	21%
City of Jacksonville.....	70	2	1	13	359	246	22	812	319	39%
Florida State Prison.....	17	9	1	25	44	0	0	96	44	46%
TOTALS.....	987	608	343	1,253	5,846	2,038	97	11,172	3,564	32%



**TABLE 36**  
**COMPARISON OF CASE REGISTER STATISTICS 1952 AND 1951**

	1951	1952
CASES IN REGISTER.....	11,037	11,172
HOSPITALIZED CASES.....	1,741	2,038
% OF ACTIVE CASES HOSPITALIZED.....	44.2%	51.3%
ACTIVE CASES AT HOME.....	2,200	1,938
Positive Sputum.....	1,031	987
Negative Sputum.....	612	608
Undetermined Sputum.....	557	343
% OF ACTIVE CASES AT HOME.....	19.9%	17.4%
% OF POSITIVE SPUTUM CASES AT HOME.....	9.3%	8.8%
QUESTIONABLY ACTIVE CASES.....	1,338	1,253
% OF QUESTIONABLY ACTIVE CASES.....	12.1%	11.2%
INACTIVE CASES.....	5,684	5,846
% OF INACTIVE CASES.....	51.5%	52.3%
OTHER TUBERCULOSIS.....	74	97
% OF OTHER TUBERCULOSIS.....	.7%	.9%

**TABLE 37**  
**REPORTED TUBERCULOSIS CASES BY SOURCE OF REPORT, FLORIDA, 1952**

SOURCE OF REPORT	CASES	PERCENT
TOTAL.....	2,608	100 0
County or City Health Department.....	1,887	72.5
Sanatoria.....	203	7.8
Private Physicians.....	42	1.6
General Hospitals.....	21	.8
Out of State Reports.....	138	5.3
Death Certificates.....	108	4.2
Veterans Administration Hospitals.....	180	6.9
Florida State Prison.....	24	.9
Florida State Hospital.....	0	0

**TABLE 38**  
**MASS X-RAY SURVEY SUMMARY OF MINIATURE FILMS AND 14 x 17 X-RAY FOLLOW-UP, 1952**

COUNTY	70 mm. MASS X-RAY SURVEYS										14 x 17 X-RAY FOLLOW-UP FILMS AND RESULTS																
	Total Number 70 mm. Films Taken	Definite Tuberculosis	Suspicious of Tuberculosis	Tumor Cases	Cardio Vascular Cases	Other Pathology	Unsatisfactory X-Rays	Total Number Negative 70 mm. X-Rays	Total Number 14 x 17 X-Rays Taken	Negative	Calcification	Far Advanced TBC.	Advanced Tuberculosis	Minimal Tuberculosis	Other Tuberculosis	Suspicious of Tuberculosis	Diagnosis Reserved	Other Pathology	Cardiac Cases	STAGE OF ACTIVITY				Old Case Tuberculosis	New Case TBC.	Hospitalization Advised	Clinical Study Advised
Alachua.....	10,435	3	55	8	41	42	151	10,135	51	16	0	0	9	9	9	1	3	22	2	2	3	0	0	0	2	0	14
Fla. Farm Colony (Alachua).....	1,724	2	4	0	1	4	14	701	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
University of Fla. (Alachua).....	1,768	3	3	0	2	5	7	1,745	7	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
University of Fla. (Alachua).....	8,547	5	33	0	6	22	261	8,220	29	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gainesville High School.....	584	4	5	0	1	7	1	573	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baker.....	1,839	2	10	27	6	7	7	920	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bradford.....	1,955	2	57	2	6	7	7	1,861	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brevard.....	5,648	0	0	0	6	7	4	5,508	45	13	1	2	6	1	3	2	0	0	0	0	0	0	0	0	0	0	0
Calhoun.....	1,479	0	27	2	0	22	0	1,452	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clay.....	2,865	3	27	0	0	24	0	2,787	15	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Columbia.....	1,641	1	10	0	8	17	12	1,593	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dade County Health Dept.....	12,922	10	273	0	0	248	94	12,297	233	41	28	15	18	13	22	0	39	39	18	23	10	34	20	47	24	75	0
Dade County Tbc. Assn.....	48,872	21	254	13	112	223	168	48,081	192	24	25	9	19	20	18	0	34	41	2	12	7	12	24	39	17	49	0
Duval.....	42,885	38	378	7	50	113	175	42,129	345	69	3	5	66	46	35	29	34	47	11	26	61	80	28	89	44	73	0
Duval Medical Center.....	5,451	17	78	9	20	53	95	5,049	FOLL	32	3	3	1	2	0	0	8	33	18	3	2	2	5	5	18	0	0
Escambia Co. Health Dept.....	9,976	4	56	0	0	0	0	9,747	101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MarineLand (Flagler County).....	74	0	0	0	0	0	0	646	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flagler.....	662	1	6	1	6																						
Franklin.....	878	0	3	0	2	3	6	862	3	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Florida State Hosp. (Gadsden).....	6,602	9	124	7	25	109	113	6,219	FOLL	0	W-UP	WO	0	9	6	0	2	3	0	5	6	7	10	4	13	1	0
Gadsden.....	5,582	1	39	0	6	36	13	5,487	23	4	0	0	0	1	0	0	2	0	0	0	0	0	1	0	1	0	0
Gilchrist.....	417	0	3	0	5	3	15	391	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Gulf.....	2,245	1	19	2	4	17	0	2,202	18	1	0	1	2	1	1	1	2	0	2	1	1	1	1	1	0	0	0
Hammilton.....	780	0	9	0	9	4	9	751	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hillsborough Co. Health Dept.....	38,150	125	668	22	35	219	270	36,711	203	23	2	23	35	80	19	0	7	18	1	31	58	0	78	79	20	2	0
Hillsborough Festival (Hillsborough)	1,188	10	10	0	10	2	14	1,162	23	5	1	0	0	0	0	0	0	0	0	0	0	0	12	1	1	0	0
State Fair Hillsborough.....	5,000	3	53	4	10	27	32	4,873	13	2	0	0	0	6	0	0	0	0	0	0	0	0	5	3	3	0	0
Holmes.....	2,151	2	12	0	4	9	3	2,121	13	2	0	0	0	0	0	0	0	0	0	0	0	0	4	4	1	1	0
Indian River.....	2,528	9	1	9	1	20	6	2,480	12	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackson.....	4,405	2	25	1	13	17	10	4,337	24	11	0	0	2	4	3	0	0	0	0	0	0	0	0	0	0	0	0



TABLE 38—Continued  
MASS X-RAY SURVEY SUMMARY OF MINIATURE FILMS AND 14 x 17 X-RAY FOLLOW-UP, 1952

COUNTY	70 mm. MASS X-RAY SURVEYS										14 x 17 X-RAY FOLLOW-UP FILMS AND RESULTS																
	Total Number 70mm. Films Taken	Definite Tuberculosis	Suspicious of Tuberculosis	Tumor Cases	Cardio Vascular Cases	Other Pathology	Unsatisfactory X-Rays	Total Number X-Rays	Total Number Negative 70 mm. X-Rays	Total Number 14 x 17 X-Rays Taken	Negative	Calcification	Far Advanced TBC.	Moderately Advanced TBC.	Minimal Tuberculosis	Other Tuberculosis	Suspicious of Tuberculosis	Diagnosis Reserved	Other Pathology	Cardiac Cases	STAGE OF ACTIVITY		Old Case Tuberculosis	New Case TBC.	Hospitalization Advised	Clinical Study Advised	
Lake.....	1,410	2	15	0	2	5	8	1,378	11	31	9	0	0	0	1	0	0	0	1	0	0	0	0	0	1	14	1
Lee.....	6,617	48	48	2	7	30	25	6,485	31	10	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4	1
Florida State University (Leon).....	3,526	12	12	1	1	12	22	3,470	10	10	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1
Leon.....	11,112	42	42	2	1	38	17	10,989	50	4	4	0	0	0	12	0	0	0	0	0	0	0	0	0	0	21	1
Liberty.....	394	4	4	0	1	4	4	381	4	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison.....	2,614	21	21	2	1	15	28	2,525	22	17	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Martin.....	2,402	0	0	0	0	0	17	2,325	21	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nassau.....	2,786	25	25	0	0	23	17	2,725	17	12	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ocala.....	3,464	1	1	0	0	1	6	3,398	23	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Okeechobee.....	935	0	0	0	0	0	0	922	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Osceola.....	2,129	2	2	1	1	5	20	2,074	10	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Palm Beach Co. Health Dept.....	6,527	5	61	1	13	53	23	6,371	56	25	0	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0
Palm Beach.....	31,584	28	292	11	131	154	189	30,849	169	21	4	1	0	0	35	0	0	0	0	0	0	0	0	0	0	0	0
Pinellas Co. Health Dept.....	8,427	3	73	0	10	76	207	8,069	61	22	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
Pinellas.....	2,899	3	39	0	64	106	157	30,653	96	18	2	0	0	0	22	0	0	0	0	0	0	0	0	0	0	0	0
Health Dept. Polk Co.....	31,123	5	136	2	20	2	5	4,985	23	5	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam.....	4,114	5	5	0	38	22	18	5,717	18	29	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
St. Johns.....	5,177	4	50	3	18	31	65	4,985	23	5	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
St. Lucie.....	5,827	5	5	0	38	22	18	5,717	18	29	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Taylor.....	2,424	0	13	3	4	0	130	2,331	12	3	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Union.....	1,024	0	0	0	0	0	1	1,003	12	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Volusia.....	13,318	7	7	0	26	87	14	12,973	54	12	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Wakulla.....	766	0	4	0	5	1	1	755	4	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Walton.....	2,230	3	13	1	9	14	3	2,182	12	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Washington.....	1,902	0	23	0	7	14	3	1,855	20	8	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0
TOTALS.....	382,004	344	8,267	150	1,087	2,137	2,744	372,275	2,211	453	72	92	359	846	179	123	241	290	56	197	300	255	279	578	256	593	

TABLE 39  
TOTAL NUMBER OF CLINIC AND CONSULTATION X-RAYS INTERPRETED DURING THE YEAR 1952 DIVIDED INTO STAGE OR DISEASE, AGE, SEX AND COLOR WITH PERCENTAGE OF PATHOLOGY IN THE VARIOUS CATEGORIES.  
CURRENT STATISTICS FOR 14" x 17" X-RAYS

COLOR AND SEX	FIRST FILM	SUBSEQUENT FILM	NEGATIVE	SUSPICIOUS	UNSAT. FILM	MINIMAL			MODERATELY ADV.			FAR ADV.			THORACO-PLASTY			PNEUMO-THORAX			OTHER PATHOLOGY	DIAG. RES.	TOTAL FILM	
						ACT.	Q. ACT.	INACT.	ACT.	Q. ACT.	INACT.	ACT.	Q. ACT.	INACT.	ACT.	Q. ACT.	INACT.	ACT.	Q. ACT.	INACT.				
Under 5	WH. (M)	49	18	43	9	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	67	
	COL. (F)	68	28	64	10	7	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	91	
	COL. (M)	30	5	7	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	54	
	UNK. (F)	26	28	25	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48	
5-14	WH. (M)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
	COL. (M)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	COL. (F)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	UNK. (F)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15-24	WH. (M)	387	222	514	28	18	1	4	1	0	0	0	0	0	0	0	0	0	0	0	0	8	609	
	COL. (M)	436	241	586	38	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	677	
	COL. (M)	188	102	185	10	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	240	
	UNK. (F)	124	109	178	20	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	233	
25-34	WH. (M)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,010	
	COL. (M)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	992	
	COL. (F)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	387	
	UNK. (F)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	338
35-44	WH. (M)	986	312	1,016	34	9	5	11	35	14	10	5	0	0	0	0	0	0	0	0	0	15	1,248	
	COL. (M)	998	398	1,121	40	8	1	10	32	17	16	37	0	0	0	0	0	0	0	0	0	18	1,386	
	COL. (M)	438	129	463	21	5	3	5	17	15	13	12	0	0	0	0	0	0	0	0	0	7	567	
	UNK. (F)	317	129	340	22	5	3	2	11	9	2	6	13	1	0	0	0	0	0	0	0	0	7	446
Under 5	WH. (M)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5
	COL. (F)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COL. (M)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	UNK. (F)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-24	WH. (M)	858	369	859	42	9	4	13	63	38	27	50	3	1	1	5	22	0	4	7	0	32	37	1,227
	COL. (F)	986	469	1,111	48	13	4	10	77	16	22	52	10	3	1	4	26	1	4	8	0	20	29	1,455
	COL. (M)	328	126	301	20	2	2	8	20	23	8	15	17	0	0	0	11	0	1	6	0	10	23	408
	UNK. (F)	252	156	295	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0







Significantly these deaths represent but a small percentage of the total number of persons born into and now living in the community who have some form of congenital malformation of the heart or great vessels. As a result of studies carried out in Pensacola and described in the Annual Report for 1951, it is estimated that approximately four out of every thousand school children in Florida has some type of congenital heart disease. While the great majority of these congenital malformations are entirely consistent with a normal life span, it is believed that there is a significant number of children whose life span will be shortened unless diagnosed and treated early in life.

It is hoped that the increase in the death rate from rheumatic fever, 0.4 in 1951 to 0.9 in 1952, and from chronic rheumatic heart disease, 10.8 in 1951 to 11.5 in 1952, indicates that medical services, with particular reference to diagnostic services, may have improved, inasmuch as the death rate from rheumatic fever and rheumatic heart disease for the nation is decreasing as a result of the extensive employment of antibiotics in the prevention of rheumatic fever. No information concerning incidence of rheumatic fever, and scant evidence concerning the prevalence of rheumatic heart disease in Florida, is available. The investigations of Graybiel in Pensacola, and Saslaw, in Miami, suggest that rheumatic heart disease may have a prevalence of approximately four per thousand among school children in Florida.

#### EDUCATION

The Second Biennial Postgraduate Cardiovascular Seminar for Physicians was held in Miami Beach, Florida, May 8th, 9th and 10th. Sponsored jointly by the State Board of Health, The Florida and Miami Heart Associations, and Miami hospitals specializing in the diagnosis and treatment of heart disease, a faculty comprising many of the most prominent physicians in the field of laboratory and clinical medicine from all parts of the United States, from Cuba and Mexico, were invited to lecture on many of the fundamental aspects of cardiovascular disease. Two hundred sixty one physicians attended this three day course of instruction. As part of the Seminar an open forum meeting was held in Bayfront Park to which the public was invited. Presided over by several of the members of the faculty, this gathering afforded an unusual opportunity for lay health education.

In the current year greater efforts were made to enlarge upon the program of orientation for health officers and public health nurses concerning the implications of long term illnesses in general, and cardiovascular disease in particular. Several county health officers and public health nurses attended the Fourth Region VI Heart Disease Control Seminar in Birmingham, Alabama, and the Region VI Chronic Disease Conference for Nurses in Atlanta, Georgia.

The leaflet "Modern Concepts of Cardiovascular Disease", published monthly, is being sent regularly to those health officers who have requested it. Issues of this and other periodicals containing information

about cardiovascular disease thought to be of interest to health officers and public health nurses have been sent to all local health departments.

Low sodium diets, and to a lesser extent, low cholesterol diets, which were prepared jointly by the State Board of Health and the Florida Heart Association, and which were used in great numbers by physicians and hospitals during 1951, are still being distributed throughout the State. Many requests for diets received from persons with heart disease were referred to their family physicians. It is contrary to the policy of the Division to distribute such specialized material directly to patients, since uncontrolled restriction of sodium in cardiacs could be harmful. It is of interest to note that efforts of local chapters of the Florida Heart Association to persuade hotels and restaurants to provide low sodium diets to tourists with heart disease have not been successful. Lack of understanding on the part of restaurant owners and employees concerning the clinical basis for this type of dietary regime, and the lack of any control measures by a responsible agency, have rendered such programs entirely impractical to date.

At the close of the year the Divisions of Nursing and Heart Disease Control met with nurse consultants of the Division of Chronic Diseases and Tuberculosis of the U. S. Public Health Service to plan a series of institutes for nurses in 1953 presenting the latest in clinical and nursing features of cardiovascular disease. The Florida State Board of Health, the Florida Heart Association, and the Florida State Nurses Association will co-sponsor this series of institutes.

#### HEART CASE FINDING

Review of current literature dealing with the subject of heart case finding failed to turn up any valid method for the application of mass methods in the detection of heart disease. Unlike tuberculosis and diabetes, there is at present no single test which will pick up the majority of heart disease cases in a surveyed community, or which can compare with the 70 mm chest x-ray for tuberculosis and the two-hour post-prandial blood sugar for diabetes. Cardiovascular disease case finding incident to our chest x-ray surveys for tuberculosis has been continued and cases found in this manner are reported to the county health officer, who in turn reports to the patient's family physician. At the present time follow-up of such cases as are found cannot be provided, and there is no way of determining whether the presence of heart disease was known, suspected or unknown to the patient or his physician; whether the patient benefited by the detection of heart disease, or whether the patient visited his physician as a result of the x-ray finding.

Information concerning isolated cases in which spectacular results stemmed directly from the 70 mm x-ray heart case finding has come to the attention of the Division of Heart Disease Control. For example; a case of suspected aneurysm of the aorta was found subsequently to be a double aortic arch and corrected by surgery. In another case the diagnosis of dilated aorta from the 70 mm x-ray film led to a confirmed



diagnosis of luetic aortitis previously unsuspected, and treatment of the existing congestive heart failure and syphilis was instituted.

Although many cases of significant heart disease remain undetected, it is felt that the value of heart case finding by the use of 70 mm x-ray films taken for tuberculosis deserves extensive investigation. A tabulation of the distribution of cardiovascular disease found among 217,832 persons screened for tuberculosis by 70 mm chest x-ray survey, according to age, race and sex, during 1952, has been made. This table is of limited value since we do not know age, race or sex distribution of the surveyed population. A total of 866 cases of probable heart disease was screened out, a rate of approximately 0.5 per cent. Undoubtedly this rate would be significantly greater if these films could be read for heart disease independently.

The possibility of a valid case finding program using 70 mm x-ray equipment presented itself when it was found that a significantly larger proportion of x-rays showing evidence of heart disease occurred among colored than among white persons, particularly those between the ages of 35 and 54. It was, therefore, proposed, and plans have been made, to examine all cases of latent syphilis seen in the Prevention and Control Centers during 1953, using 70 mm x-ray film. Such films will be read for evidence of cardio-aortic disease. Cases found to have evidence of cardio-aortic syphilis would be given supplementary penicillin therapy and follow-up x-ray would be provided at intervals of two and five years following the initial film. Properly carried out, this study should enable us to detect cardio-aortic syphilis early in the course of the disease, and also to determine the effect of 4,800,000 to 6,000,000 units of penicillin in the prevention of syphilitic aortitis.

#### RESEARCH

During the current year the Florida State Board of Health continued to give support to a research project now approaching completion at the U. S. Naval School of Aviation Medicine at the Naval Air Station in Pensacola. Described in detail in the Annual Reports of 1950 and 1951, the principal aim of this study was to determine the characteristics of the normal electrocardiogram in a group of white school children between the ages of 9 and 23. It was this research project which made it possible for the State Board of Health to obtain information concerning the prevalence of congenital and rheumatic heart disease in a selected group of school children.

Continued success in the control of communicable disease, the growing prevalence of cardiovascular disease in the population, and more significantly, the discovery of new methods of prevention, diagnosis and treatment of cardiovascular disease and new knowledge about their etiology, has led to the conclusion that the high rate of death and disability due to cardiovascular disease which prevails can be reduced by the organization of existing community resources toward this end. Inasmuch as there is little experience upon which to base the construction

of a heart disease control program, all of our activities must be regarded in the nature of research projects directed towards determining the role of the official health agency in reducing death and disability from this group of diseases.

Planning is now under way in two of the largest counties in the State to evolve a workable type of organization for an outpatient cardiovascular clinic in a county hospital. Areas of responsibility for each agency, group or individual concerned with health services are being explored. At the present time it would appear that public health nursing services and bedside nursing services where Visiting Nurse Association activities have been coordinated or integrated into the county health organization, will be necessary to the proper operation of such clinics for indigent cardinals.

Increased interest in the surgical approach to congenital heart disease and chronic rheumatic heart disease is receiving its share of attention. Proposals have been advanced to make existing facilities in the State available to persons who are unable to take advantage of them for reasons of economic condition or geographic location. The State Agencies that are interested in child health and welfare will be asked to cooperate in an attempt to come up with a practical plan for providing diagnostic and treatment services to this category of patients within the State of Florida.

Considerable interest among professional and non-professional groups in Florida about the natural history of rheumatic fever and rheumatic heart disease has resulted from several facts. Attacks of rheumatic fever can now be prevented by the judicious application of antibiotics. Rheumatic fever and rheumatic heart disease, although considerably less frequent in Florida than in colder regions of the United States, has been found to be prevalent here. Persons in colder climates who have had rheumatic fever come to Florida in order to avoid the streptococcal infections which are now believed to be precursors of rheumatic fever. Information concerning the rate of rheumatic fever recurrences among rheumatic cardinals who come to Florida should be made available. The Florida State Board of Health, the Dade County Health Department, and the National Children's Cardiac Hospital, and Dr. Alexander Langmuir, Chief, Epidemiology Branch, Communicable Disease Center, U. S. Public Health Service, Atlanta, Georgia, as advisors, have organized a research project for the purpose of determining the incidence of beta hemolytic streptococcus infection in a sample of school children, both white and colored, living in Dade County. If possible, the incidence of rheumatic fever in the same group will be determined.



**BUREAU OF LABORATORIES**

ALBERT V. HARDY, M.D., Dr. P.H., Director

**ORGANIZATION AND PERSONNEL**

The work of the Melbourne laboratory was concluded in June with the closing of the Rapid Treatment Center. This loss has been more than balanced by the organization of the West Palm Beach Regional Laboratory. This represents a broad cooperative action involving the West Palm Beach City Health Department, the State Tuberculosis Board and the Board of Health. Excellent laboratory space and facilities were made available in the Lantana Hospital and personnel from the cooperating agencies now staff the laboratory. It is hoped and anticipated that the operating costs of this laboratory will be borne by the State Board of Health in the new fiscal year, as is true of the five other regional laboratories.

There have been changes in personnel occasioned by the advancement of trained workers. David Singer, Hunter McElrath and Jack Keys all resigned to accept positions of substantial responsibility in the School of Aviation Medicine, Camp Dietrick and the Medical Research Institute of the Dade County Blood Bank respectively. Dwight Frazier and Don Lord transferred from the Jacksonville laboratory to become Chief of the Miami and Pensacola laboratories respectively and Warren Hoffert to be Assistant Chief of the Tampa laboratory.

The desirability of providing opportunities for advanced training leading to a Doctorate degree in bacteriology for at least three senior workers has been urged (Annual Report 1951). Approval was granted during the year for the first of these. Mr. Nathan Schneider is now at the School of Public Health of the University of Pittsburgh. It is anticipated that a second year of graduate study will be made possible by a Fellowship from the University.

The training program has proved effective up to the present in satisfying professional personnel needs but the Bureau is not preparing adequately to meet probable future needs. The last two trainees entering the program have been or will be drawn into the Armed Forces. Two trainees should be added for each anticipated opening in our laboratories. There is a persistent need for positions for trainees over and above those required to cover routine diagnostic work.

The volume of work has continued to increase. In this rapidly growing State, the Bureau of Laboratories in common with other public agencies has been acutely handicapped by an expanding volume of work without a corresponding increase in physical facilities. The work load has doubled since 1946 as shown in Table 40. The larger laboratories have had to continue to operate in the space provided in earlier years for a comparatively small laboratory service. Plans for a new labora-

tory building have been drawn but as of the end of the year, bids have not been received. If these plans materialize the equally urgent need in Miami must have similar attention. Miami is the center of the most rapidly growing area and laboratory; more suitably located and adequate public health laboratory space is greatly needed. Tampa has ample and well-cared-for space though in a very old building, and there is no urgent need for additional space in Pensacola. Since 1946, adequate housing for the Orlando laboratory was obtained, the location and space for the Tallahassee laboratory was improved, and recently the quarters in the Lantana Hospital were made available.

The rapid expansion of the diagnostic services continues to be in the smaller regional laboratories. Since 1946, the work of the Jacksonville laboratory has increased by 55 per cent and the Tampa laboratory approximately 59 per cent. Miami increased by over 100 per cent, Pensacola by over 300 per cent and Tallahassee by almost 500 per cent. There has been a progressive growth of the Orlando laboratory since it was established; in each of the past two years it led the smaller regional laboratories in volume of work performed. These local laboratories have attained the desired status of strong organizations serving well the regions in which they are located.

**DIAGNOSTIC SERVICES**

The types of service rendered in 1952 varied little from previous years. (Tables 41 and 42.) The increase in examinations, in part, represents more adequate testing of specimens submitted. In tuberculosis, for example, duplicate cultures on each specimen were conducted throughout 1952. Critical evaluation of results has established the importance of this procedure. Other increases resulted from an added number of specimens submitted. This was notable for dairy products and even more striking in veterinary public health. The number of miscellaneous specimens submitted by veterinarians more than tripled in 1952 as compared with 1951. These included 335 specimens for anthrax of which 28 were positive. Considering the examinations for rabies and samples of animal origin tested in the special research projects, a total of 55,608 veterinary public health examinations on 7,428 specimens were performed in 1952. The need for this type of service is clearly evident.

There were two significant reductions in requested services. The number of bloods tested in the chemistry laboratory as a part of the diabetes program was reduced through a modification of procedures in the field. The value of utensil swab test has not been established in practice. Though never widely employed, the usage dropped markedly during the year.

Syphilis serology continues to account for more than half of the tests performed. During the year, critical consideration was given to the possibility of modifying prescribed technics in the interests of economy. Routinely each specimen is subjected to two separate and distinct tests. Secure evidence on the significance of the second test was accumulated



in the examination of 20,515 specimens. The same antigen was used, but the slide test and tube test technics were employed. Had one test only been performed, an average of three positives and six weakly positive specimens in each 100 positive tests would have been entirely missed. Moreover, minor discrepancies in the tests led to a repetition of examinations in 3 per cent of all specimens. In each of these a total of five tests were performed before the final reading was entered, thus assuring a high degree of accuracy in the final report.

Judging by the laboratory data, there has been continuing success in discovering and following individuals with positive serological findings. The number of specimens submitted exceeded that of the preceding year by more than 20,000 and the proportion positive was 13.4 per cent as compared with 13.5 per cent in the preceding year. The distribution of positives by laboratory tests was closely similar to that for 1951 as shown in Table 41, Annual Report 1951.

The 4,826 positive bacteriological examinations for *M. tuberculosis* exceed that of the preceding year but the notable change was in the testing of gastric washings. During 1951, there were 62 (11.0 per cent) positives in 566 examinations but in 1952, there were 138 (17.6 per cent) isolations of *M. tuberculosis* from 783 of these specimens. There is now greater success in finding these disease producing organisms from cases discharging very few bacilli, an accomplishment of high public health importance. An unexpected problem in the bacteriological diagnosis of tuberculosis appeared during the year. The new therapeutic agent for tuberculosis, isoniazid, was made widely available in April. From that date, the cultural procedure was relatively less effective on shipped specimens. It appeared that this bacteriostatic agent is present in the sputum in sufficient amount to seriously interfere with the cultural procedure. The situation is receiving careful attention but to date the problem has not been solved.

The examinations for intestinal parasites increased this past year. The numbers performed in the laboratory (137,884) and done by the Mobile Testing Team of the Division of Nutrition and Diabetes Control (10,211) represents an increased interest in this public health problem. The positive findings in the laboratory represent specimens from all sources and all age groups, both before and after treatment. The percentage of specimens positive for hookworm shows a gradual decline over the past three years, the proportion of specimens found positive for ova of hookworm in 1950, 1951 and 1952 were respectively 18.8, 14.3 and 12.4 per cent. However, the percentage of specimens of other helminth ova and *E. histolytica*, were greater in 1952 as compared with 1951.

The Mobile Testing Team working under more specific conditions has found a much higher percentage of specimens positive for hookworm. Their activities have been limited to elementary school children in predominately rural areas where 33 per cent of 10,211 stools were positive for hookworm ova. (See Page 170.)

The isolations of *C. diptheria* numbered 87 in 1952 as compared with 59 in 1951, a reminder that this infection is a continuing threat.

#### RESEARCH PROJECTS

Studies of the bacteriological diagnosis of tuberculosis, on the etiology and treatment of otitis externa and on various aspects of salmonellosis have been continued. Reports published or accepted for publication during the year are listed at the end of this section. Further publications are in preparation.

One new study was initiated with the cooperation of the Venereal Disease Division. There has been in recent years an increasing proportion of cases of gonorrhea-like infections from which Gram negative diplococci could not be isolated. Some observers have classified the culturally negative cases as "Non-specific urethritis." This problem needed both laboratory and clinical investigation, which was initiated in the Prevention and Control Center in Jacksonville. The early observations appear of substantial significance.

The presence of leptospirosis as a common infection of domestic animals and as a disease hazard for humans has been established. The Jacksonville laboratory has worked in close association with the Army Medical School and the Communicable Disease Center in approaching the study of this infection. A survey examination of 635 cows from three dairies revealed 192 (21 per cent) positive and of 152 diagnostic bovine serum specimens sent in by veterinarians, 84 (55 per cent) were positive. Leptospirosis in Florida is an unexplored field.

In association with Doctor S. D. Doff of the Heart Division, the Director of the Bureau of Laboratories aided in planning a study of streptococcal infections and their relationship to heart diseases. This will be conducted through broad cooperative action in Miami.

Plans have been evolved for an evaluation of the cryoscopic test. This is used for the detection of added water in milk. The test is based on a comparison of the freezing point of the product being tested with that of normal milk. All the studies which established the accepted normal were conducted in northern states. Observations have suggested that the test on milk from cows in Florida fed the type of feeds commonly employed here may differ significantly. With the aid of the Department of Dairy Sciences of the University of Florida, a plan for a broad study to be continued at least throughout the four seasons has been formulated and approved. This work will begin in January 1953. Accurate determinations and correct interpretations of results of the cryoscopic tests are highly important, since the reputation and even the continued operation of a producer or distributor may be at stake.

Attention has been called to the urgent need for a laboratory procedure to detect reconstitution of milk. It has not been practicable to consider studies of this chemical problem.



Again it is urged that there be a gradual movement toward a better balance of routine diagnostic work and investigative services. The former would not be done satisfactorily if it were conducted incidental to other activities or through uncertain support from special grants. The investigative services are currently in this position. Funds adequate to provide for a reasonable independent development of these services are urgently needed.

#### COOPERATION WITH PRIVATE LABORATORIES

Late in 1951, Miss Carolyn Roth was given responsibility for the further development of this phase of our work. Miss Roth is well and favorably known throughout the State, and in April was appointed Executive Secretary for the Florida Society of Medical Technologists. This office has as a major assigned responsibility, the development of training programs for the technologists throughout the State. The slow educational process is moving forward. The great needs and the numerous opportunities even in the presence of substantial progress emphasizes that this activity must be continued and expanded.

The laboratories added to or deleted from the list approved for the performance of premarital and prenatal serology are listed at the end of this section.

TABLE 40  
Total Number of Examinations Performed by Laboratories, 1946-1952

LABORATORIES	YEAR						
	1946	1947	1948	1949	1950	1951	1952
Jacksonville Central.....	673,316	808,396	845,957	868,359	924,276	1,034,614	1,046,571
Tampa Regional.....	286,067	336,750	440,172	445,022	449,490	461,872	454,122
Miami Regional.....	217,950	227,561	364,739	417,908	447,943	446,462	469,289
Pensacola Regional.....	35,262	56,726	112,486	128,655	129,266	124,995	145,688
Tallahassee Regional.....	19,828	18,531	76,691	98,435	112,641	104,843	114,431
Orlando Regional.....			19,727*	50,208	88,473	132,662	146,606
Melbourne Hospital.....		15,461*	58,776	88,564	25,884	23,614	11,303*
Pinellas County.....			11,700*	21,317	30,529	26,784	30,011
Daytona Beach.....						12,463	15,317
W. Palm Beach Regional.....							15,578**
TOTALS.....	1,232,424	1,463,425	1,930,248	2,063,468	2,208,502	2,368,309	2,448,916

\*6 months operation \*\*3 months operation

TABLE 41  
SPECIMENS SUBMITTED FOR EXAMINATION BY FINDINGS

EXAMINATION	Number of Specimens				
	Positive		Negative	Unsat.	Total
	One or More Positive Findings	Positive for Findings Indicated			
SEROLOGY					
Syphilis.....	84,689	.....	546,049	9,848	640,586
Agglutinated and Related Tests.....	310	.....	7,668	163	8,141
Typhoid.....	.....	40	.....	.....	.....
Typhus.....	.....	66	.....	.....	.....
Brucellosis.....	.....	60	.....	.....	.....
Tularemia.....	.....	41	.....	.....	.....
Heterophiles.....	.....	96	.....	.....	.....
Other.....	.....	19	.....	.....	.....
Blood Typings (Rh).....	.....	.....	.....	.....	9,297
DIAGNOSTIC BACTERIOLOGY					
Diphtheria and Associated	522	.....	2,880	6	3,408
Infections.....	.....	87	.....	.....	.....
C. diphtheria.....	.....	107	.....	.....	.....
Vincent's.....	.....	163	.....	.....	.....
Streptococci.....	.....	235	.....	.....	.....
Other.....	.....	.....	.....	.....	.....
Tuberculosis.....	4,826	.....	24,360	1,785	30,921
Sputum.....	.....	4,581	23,007	1,669	.....
Urine.....	.....	15	286	16	.....
Gastric.....	.....	138	645	27	.....
Pleural Fluid.....	.....	8	112	2	.....
Exudate.....	.....	11	38	1	.....
Other.....	.....	20	250	20	.....
Animal Inoculation.....	.....	53	22	.....	.....
Gonorrhea-Smears.....	25,637	.....	29,796	415	55,848
Intracellular Gram negative diplococci.....	.....	4,812	.....	.....	.....
Extracellular Gram negative diplococci.....	.....	2,045	.....	.....	.....
Trichomonads.....	.....	4,752	.....	.....	.....
Yeasts.....	.....	1,215	.....	.....	.....
Vincent's Organisms.....	.....	410	.....	.....	.....
Many Pus Cells.....	.....	13,698	.....	.....	.....
Gonorrhea-Culture.....	.....	1,404	27,962	184	29,550
Enteric Infections.....	368	.....	33,502	290	34,160
S. typhosa.....	.....	57	.....	.....	.....
Other Salmonella.....	.....	274	.....	.....	.....
Shigella (Flexner and Sonnei).....	.....	115	.....	.....	.....
Blood Cultures.....	19	.....	199	.....	218
Salmonella.....	.....	2	.....	.....	.....
Brucella.....	.....	1	.....	.....	.....
Other.....	.....	16	.....	.....	.....
Food Poisoning.....	13	.....	157	.....	170
Staphylococci.....	.....	9	.....	.....	.....
Other.....	.....	10	.....	.....	.....
Rabies (Microscopic).....	15	.....	452	14	481
Dog.....	.....	9	.....	.....	.....
Cat.....	.....	1	.....	.....	.....
Raccoon.....	.....	5	.....	.....	.....
Rabies (Mouse Inoculations).....	5	.....	154	5	164
Dog.....	.....	3	.....	.....	.....
Raccoon.....	.....	1	.....	.....	.....
Skunk.....	.....	1	.....	.....	.....



TABLE 41—Continued  
SPECIMENS SUBMITTED FOR EXAMINATION BY FINDINGS

EXAMINATION	Number of Specimens				Total
	Positive		Negative	Unsat.	
	One or More Positive Findings	Positive for Findings Indicated			
DIAGNOSTIC BACTERIOLOGY, Cont'd					
Miscellaneous					
Darkfield — <i>T. pallidum</i> .....	22	.....	180	1	203
Chancroid — Ducrey's.....	102	.....	184	1	287
Granuloma — Donovan Bodies...	131	.....	173	7	311
Gonococcus in Eye.....	10	.....	83	6	103
Other Eye Smears.....	159	.....	15	9	183
Other Eye Cultures.....	24	.....	14	.....	38
Urine Culture.....	806	.....	335	4	1,145
Spinal Fluid Cultures.....	26	.....	122	2	150
Pleural Fluid Cultures.....	11	.....	46	1	58
Other Fluids and Exudates.....	356	.....	131	1	488
Mycological Examinations.....	407	.....	226	11	644
Organisms for Identification.....	476	.....	50	1	527
Other examinations.....	692	.....	554	2	1,248
SANITARY BACTERIOLOGY					
Dairy Products.....	.....	.....	.....	.....	24,120
Water, Drinking and Pools.....	.....	.....	.....	.....	44,881
Water, Pollution Surveys.....	.....	.....	.....	.....	4,727
Shellfish.....	.....	.....	.....	.....	396
Utensil Swabs.....	.....	.....	.....	.....	2,407
PARASITOLOGY					
Intestinal Parasites.....	32,395	.....	103,911	1,578	137,884
Hookworm.....	.....	16,927	.....	.....	.....
Ascaris.....	.....	5,566	.....	.....	.....
Enterobius.....	.....	3,069	.....	.....	.....
Trichuria.....	.....	843	.....	.....	.....
Taeniae.....	.....	11	.....	.....	.....
Other Helminths.....	.....	217	.....	.....	.....
<i>E. histolytica</i> .....	.....	395	.....	.....	.....
Non-pathogenic amoebae.....	.....	7,603	.....	.....	.....
Flagellates.....	.....	3,911	.....	.....	.....
Other.....	.....	1	.....	.....	.....
Malaria.....	20	.....	763	8	791
<i>P. vivax</i> .....	.....	19	.....	.....	.....
<i>P. malariae</i> .....	.....	1	.....	.....	.....
CHEMISTRY					
Blood.....	.....	.....	.....	.....	16,319
Spinal Fluid.....	.....	.....	.....	.....	6,034
Urine.....	.....	.....	.....	.....	316
Water.....	.....	.....	.....	.....	2,421
Toxicology and Narcotics.....	.....	.....	.....	.....	1,053
Other.....	.....	.....	.....	.....	12,254
VETERINARY PUBLIC HEALTH					
Specimens Examined.....	415	.....	1,833	21	2,269
SPECIAL RESEARCH PROJECT					
Salmonellosis.....	1,603	.....	2,911	.....	4,514
Korean Cultures.....	35	.....	.....	.....	85
Gonorrhea.....	924	.....	3,770	80	4,774
Methodology					
Sensitivity.....	1,991	.....	395	8	2,394
Otitis Externa Bacteriology.....	2,385	.....	264	.....	2,649
GRAND TOTAL SPECIMENS RECEIVED.....					
					1,088,567

TABLE 42  
Examinations Performed by Laboratories, 1952

	Tampa	Miami	Pensacola	Tallahassee	Orlando	Melbourne	Daytona Beach	Pinellas	West Palm Beach	Totals
<b>SEROLOGY</b>										
Syphilis.....	512,571	303,053	333,431	96,062	58,369	8,687	16	.....	5,429	1,367,686
Agglutinations and Related Tests.....	18,688	2,781	11,719	1,234	1,487	.....	30	.....	24	36,603
Blood Typings (Rh).....	5,682	2,821	146	577	66	.....	.....	.....	69	9,891
<b>DIAGNOSTIC BACTERIOLOGY</b>										
Diphtheria and Associated Infections.....	4,131	2,011	595	641	132	185	156	.....	8,700	7,851
T.B., Sputum.....	63,479	14,234	.....	.....	1	11,073	194	.....	.....	92,631
Other.....	2,072	2,270	.....	.....	.....	118	239	.....	10	4,460
G.C., Smear.....	20,451	36,941	25,328	6,737	6,773	3,607	.....	.....	.....	100,086
Culture.....	5,805	11,139	1,949	2,607	5	5	.....	.....	.....	31,990
Enteric.....	72,181	21,345	10,864	20,842	25,108	481	.....	.....	28	155,321
Blood Culture.....	2,060	7	16	99	63	6	.....	.....	80	2,235
Food Poisoning.....	450	306	30	.....	.....	.....	.....	.....	239	1,208
Rabies.....	442	135	.....	.....	.....	.....	.....	.....	.....	1,001
Mouse Inoculation.....	656	.....	.....	.....	.....	.....	.....	.....	.....	656
Miscellaneous.....	13,201	1,564	1,041	325	15,175	737	602	.....	449	34,092
<b>SANITARY BACTERIOLOGY</b>										
Dairy Products.....	12,719	29,001	32,259	5,530	16,843	8,821	2,971	13,247	4,931	126,822
Water, Drinking and Pools.....	20,273	7,319	10,558	4,933	4,933	4,468	685	10,976	415	62,732
Water, Pollution Surveys.....	9,302	4,279	2,210	2,396	3,927	.....	20	4,637	.....	28,547
Shellfish.....	2,766	.....	.....	.....	.....	.....	.....	21	.....	2,787
Utensils.....	.....	32	594	16	86	.....	1,633	720	.....	3,081



TABLE 42—Continued  
Examinations Performed by Laboratories, 1952

	Jacksonville	Tampa	Miami	Pensacola	Tallahassee	Orlando	Melbourne	Daytona Beach	Pinellas	West Palm Beach	Totals
PARASITOLOGY											
Intestinal Parasites	74,478	20,393	9,067	14,119	7,251	12,855		1,032		292	139,487
Malaria	770	279	180	57	190	30		4			1,462
MYCOLOGY											
Blood	2,028		109			61				13	2,211
CHEMISTRY											
Spinal Fluid	8,124	3,437	495	2,115	421	137		1,146		68	16,010
Urine	10,165	388	1,569	34	414	43	1,789	250	48	22	14,404
Toxicology	25		96	1		19	41			48	528
Water	1,047		1,552					5,848	123		2,608
Other	3,651		276			12					9,910
VETERINARY PUBLIC HEALTH	8,358		4,771								13,129
SPECIAL RESEARCH PROJECTS											
Salmonellosis	37,152										37,152
Korea Cultures	2,528										2,528
Sensitivity	45,650					568					46,218
Otitis Externa	57,900	8,325									66,225
Gonorrhea	10,867										10,867
GRAND TOTALS	1,046,571	454,122	469,289	145,688	114,431	146,606	11,803	15,317	30,011	15,578	2,448,916

Revision as of January 1, 1953, of Previously Published List of  
Laboratories Approved for Premarital and Prenatal Serology

## ALACHUA COUNTY

Gainesville

Added — John Henry Thomas Blood Bank

## DADE COUNTY

Coral Gables

Added — Coral Gables Hospital Laboratory, 3151 Coconut Grove Drive

Miami Beach

Added — Mount Sinai Hospital Laboratory, 4300 Alton Road

## DUVAL COUNTY

Jacksonville

Removed — Medical Laboratory Service, 430 W. Monroe Street

## HARDEE COUNTY

Wauchula

Added — M. A. Collier, M. D., 1016 W. Main Street

## ORANGE COUNTY

Orlando

Removed — John H. Rauch, Holiday House

## PINELLAS COUNTY

St. Petersburg

Added — Laverne H. Domeier Laboratory, 15058 Gulf Blvd.

## POLK COUNTY

Lakeland

Added — S. L. Watson, P. O. Box 392

Removed — Doctor's Clinical Laboratory

Winter Haven

Removed — John J. Drasal, Phillips Building

## SARASOTA COUNTY

Sarasota

Added — Sarasota Medical Clinic, Florasota Gardens

## Articles by staff members:

1. Galton, M. M., Scatterday, J. E., and Hardy, A. V. Salmonellosis in dogs. I. Bacteriological, epidemiological and clinical considerations. J. Infect. Dis. 91:1-18, July-Aug. 1952.
2. Galton, M. M. Salmonellosis in dogs with special reference to the studies in Florida. Auburn Veterinarian 8:141-146, Spring 1952.
3. Hardy, A. V. Intra-state evaluations of syphilis serology. Pub. Health Rep. 67: 1036-1038, Oct. 1952.
4. Hardy, A. V., Mason, R. P., and Martin, G. A. The dysenteries in the Armed Forces. Am. J. Trop. M. & Hyg. 1:171-175, Jan. 1952.



5. Hardy, A. V., Mason, R. P., and Martin, G. A. The antibiotics in acute bacillary dysentery. *Ann. New York Acad. Sc.* 55:1070-1074, Dec. 1952.
6. Jefferies, M. B., and Hardy, A. V. The comparative efficacy of routine procedures for the bacteriological diagnosis of tuberculosis in a public health laboratory. *Pub. Health Laboratory* 10:130-137, Nov. 1952.
7. Mackel, D. C., Galton, M. M., Gray, H., and Hardy, A. V. Salmonellosis in dogs. IV. Prevalence in normal dogs and their contacts. *J. Infect. Dis.* 91:15-18, July-Aug. 1952.
8. McElrath, H. B. Jr., Galton, M. M., and Hardy, A. V. Salmonellosis in dogs. III. Prevalence in dogs in veterinary hospitals, pounds and boarding kennels. *J. Infect. Dis.* 91:11-14, July-Aug. 1952.
9. Singer, D. E., Freeman, E., Hoffert, W. R., Keys, J. R., Mitchell, R. B., and Hardy, A. V. Otitis externa, bacteriological and mycological studies. *Ann. Otol. Rhin. & Laryng.* 61:317-331, June 1952.
10. Singer, D. E., Pierce, L. V., Yawn, E. C., Hardy, A. V., and Mitchell, R. B. A rapid procedure for determining relative antibiotic sensitivity of microorganisms. *Air Force School of Aviation Medicine. Project No. 21-35-006. Report No. 3*, Oct. 1952.
11. Stucker, C. L., Galton, M. M., Cowdery, J. S., and Hardy, A. V. Salmonellosis in dogs. II. Prevalence and distribution in greyhounds in Florida. *J. Infect. Dis.* 91:6-11, July-Aug. 1952.

## BUREAU OF MATERNAL AND CHILD HEALTH

R. W. McCOMAS, M.D., M.P.H., Director

The bureau has continued to operate at approximately the same level as in the past even though there have been a number of important changes in key personnel. The director resigned in June and it was necessary for the School Health Consultant to assume responsibility for all activities of the bureau until October when the position was again filled on a permanent basis. The clinical psychologist assigned to the Mental Health Program resigned early in the year and this position has not been filled. In June the Heart Disease Control Program which had been a part of this bureau was established as a separate division under the Bureau of Tuberculosis Control.

The most significant accomplishment during this fiscal year has been the reduction of the maternal mortality rate from 1.2 per thousand live births in 1951 to .82 in 1952. (See Figure 3.) This is the first time in the history of the state that this rate has been below 1 per 1,000 live births, and also the first time that Florida's rate compares favorably with the rate for the country as a whole which was .76 per 1,000 live births in 1951. Florida's high maternal mortality rate has been a major concern of the State Board of Health and the Florida Medical Association for the past several years. In 1950 the Board of Health instructed all county health departments to give priority and special attention to their maternity program. This reduction in the rate appears small; however, it actually represents a reduction in maternal deaths from a total of 87 in 1951 to 61 in 1952, or a percentage reduction of approximately 30 per cent. This reduction occurred despite a very significant increase in the number of births for the same period.

The infant mortality rate has shown a slight but statistically significant increase both in 1951 and 1952. (See Figure 4.) In the absence of any apparent specific cause for this increase from the standpoint of either epidemic or endemic diseases, it is possibly due to such factors as improved reporting and the substantial increase in the numbers of children born in certain economic groups of the population.

However, it might also be an increase in the chances for infant death. A preliminary analysis of statistical data indicates that white infant mortality decreased slightly but there was a fifteen per cent increase in the non-white rate over the preceding year. More than half of this increase was due to deaths caused by pneumonia and postnatal asphyxia and atelectasis. Deaths from postnatal asphyxia and atelectasis were concentrated in the group under four days of age while the pneumonia deaths were predominantly in those ages over fourteen days and up to nine months.

Emphasis on education and training has continued to constitute a major part of the activities of this bureau. This emphasis has been pri-



FIGURE 3

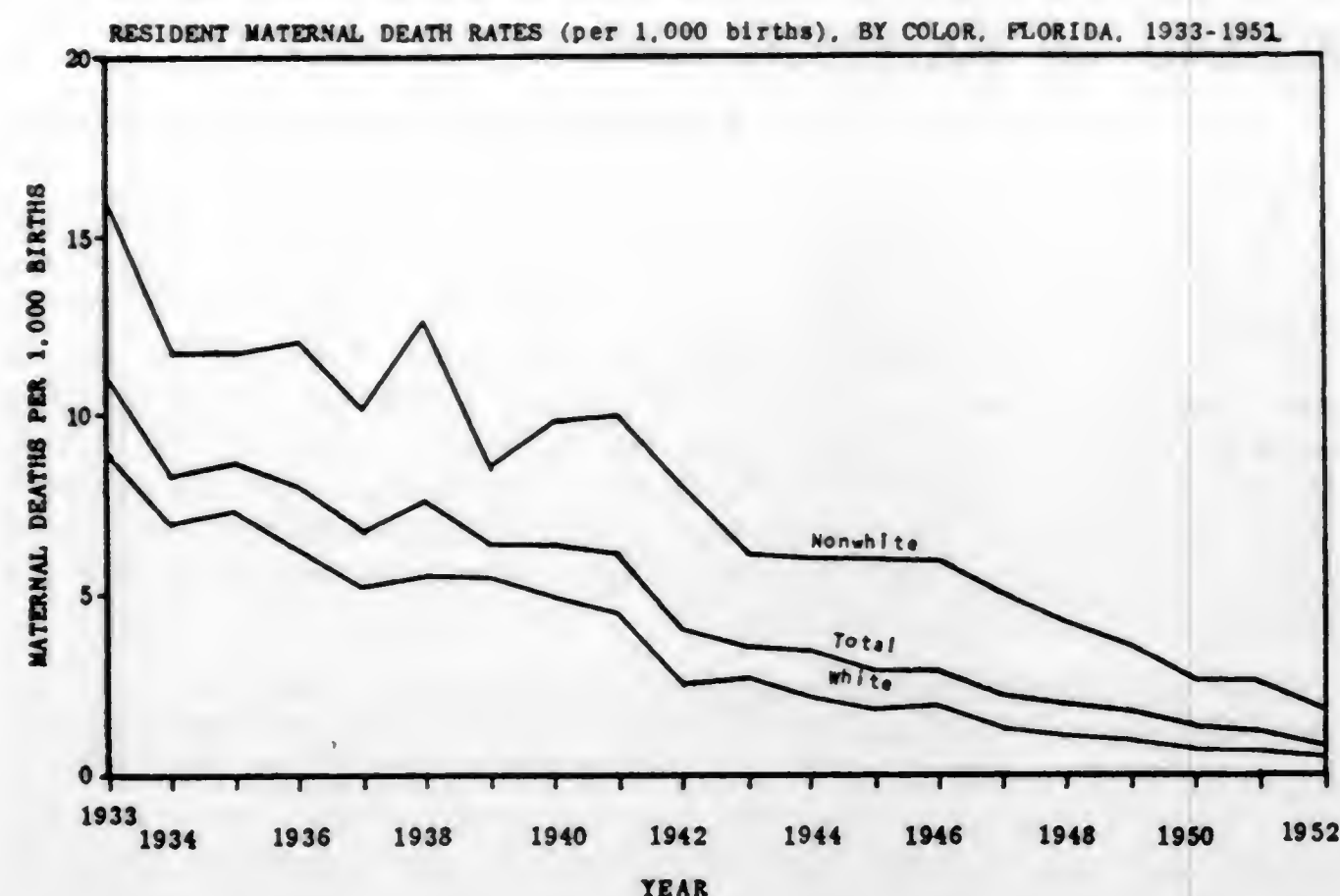
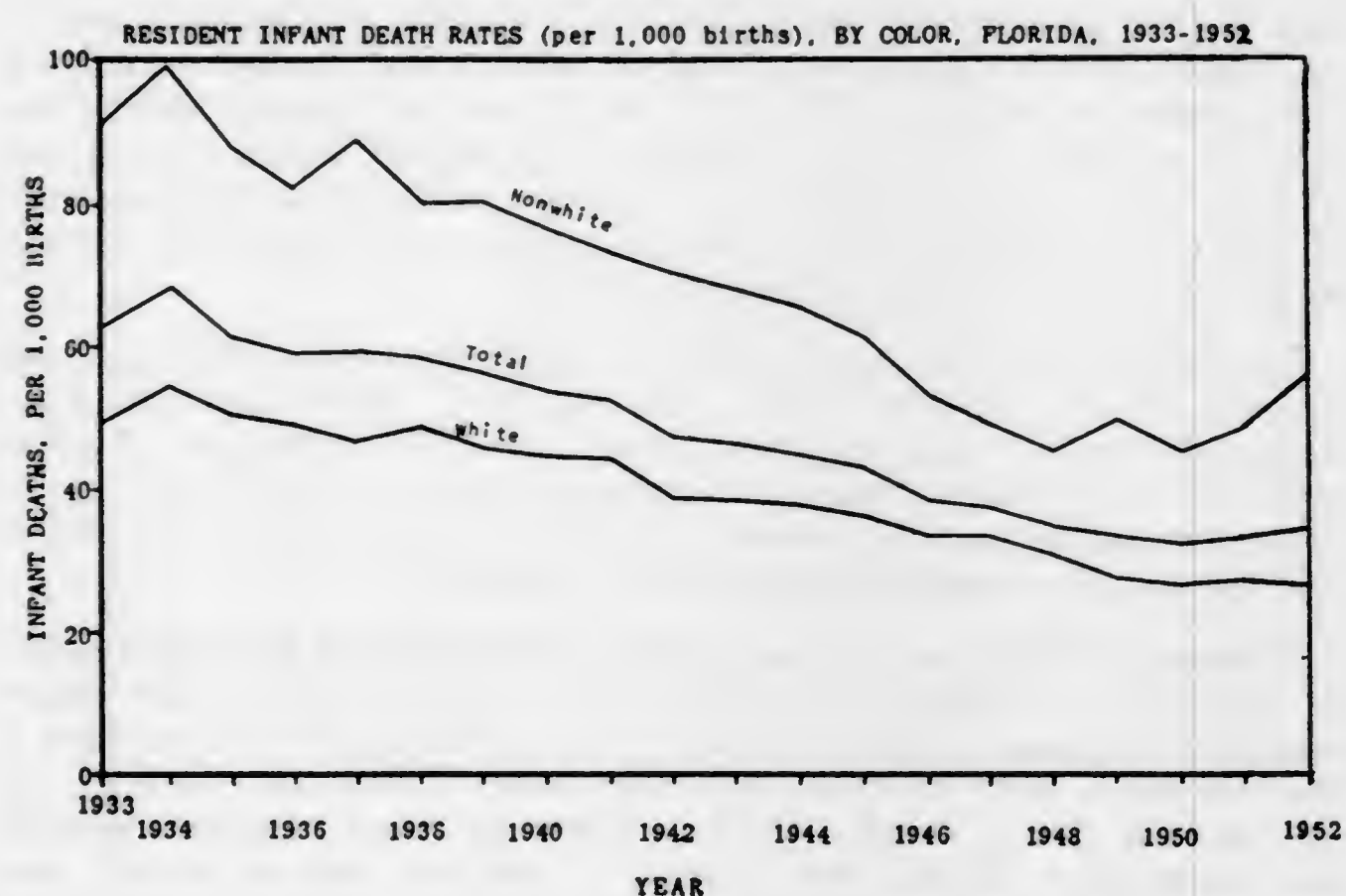


FIGURE 4



marily directed to inservice training at local levels, principally through institutes, seminars and workshops conducted either through the use of local talent, or in other cases, procurement of the services of nationally known figures for such activities conducted on a statewide level.

The largest of these training and educational activities was the annual Obstetric Seminar held at Daytona Beach on September 8-9-10, sponsored by the Volusia County Medical Society, the Maternal Welfare Committee of the Florida Medical Association, the Florida State Board of Health, and the MCH Bureau of Georgia, South Carolina and Florida. This Seminar was attended by 226 physicians, nurses and nutritionists, 39 of whom came from Georgia, 14 from South Carolina, 16 from other states, and 157 from Florida. Those attending were most enthusiastic about the program and its value, and the opinion has been almost unanimous that it should be repeated in 1953. Participating in the program were leaders in the field from widely scattered areas in the Central and Eastern United States, and their presentations were directed primarily toward the day to day problems of obstetricians, pediatricians and general practitioners in the field of maternal and child health.

A Short Course in Audiology, conducted at the University of Florida from June 2-12, was sponsored by the University and the Florida State Board of Health, primarily for public health nurses for credit. A few from other categories of public health personnel were admitted to the course just prior to its beginning in order to fill the established quota. The purpose of this course was to stimulate interest in local hearing programs for public schools, and it has been unusually successful in doing so. Reports to this Bureau, the State Board of Health and to the University have been uniformly favorable. In addition, it has been noted that interest in hearing programs has revived sharply in those counties sending representatives to this course. Discussions are now going on concerning the possibility of repeating this course in 1953.

Training of professional personnel in the treatment and management of premature infants was conducted this year through two local institutes, the first in Miami on May 12-14, and the other in Jacksonville, May 15-17, attended by public health and hospital nurses from those respective areas, and through four doctor-nurse teams attending the New York Hospital-Cornell Medical Center Institutes on the Care of Premature Infants. Two of these teams came from Miami, one from Jacksonville and one from Tallahassee.

The Premature Demonstration Unit at Jackson Memorial Hospital, Miami, continued its operation throughout the year. This Unit is financed jointly by Dade County and a grant from the Children's Bureau. It is staffed jointly by Jackson Memorial Hospital and personnel employed through the Children's Bureau grant. It has continued to serve Dade, Broward, Palm Beach and Monroe Counties, and the case load of 297 admissions is roughly the same as for 1951; however, the survival rate for 1952 is lower than for the previous year. It is thought that the reason for this may be that other hos-



pitals in the area are now successfully caring for the babies considered to be the best risks, while the more difficult and seriously ill babies are still being sent to the Demonstration Unit. The Unit is well equipped and has an excellent staff of well trained and enthusiastic individuals who are doing an excellent job. One of the most serious problems still confronting this Center is that concerned with proper care of the premature infants during transportation from outlying points to the Center. Interest in retrolental fibroplasia has continued and all babies are being closely watched for the development of this condition which is now a highly important factor among those contributing to blindness. The incidence of this condition continues to be phenomenally low in this Center and as yet there is no acceptable explanation. The Unit is continuing its same procedures and routines in the management of these cases in the hope that the factors contributing to the low incidence may be identified.

#### SCHOOL HEALTH PROGRAM

The position of School Health Consultant in the Bureau of Maternal and Child Health was established at the beginning of the year. The consultant became the focal point for all school health activities carried on by the State Board of Health and was responsible for coordinating these activities in which other bureaus and divisions were engaged. In addition, he served as a full-time consultant to the State Department of Education (working jointly with appropriate officials of that agency) and to the county health departments, assisting them at the local level in planning, organizing and operating county School Health Programs.

The first major activity of the year was a survey of the School Health Programs being conducted in the organized counties, at which time each county was visited and a questionnaire filled out concerning the program that was being offered.

Assistance was given the State Department of Education in the preparation of bulletin material. The consultant served as one of the editors for Bulletin IV, the State Department of Education's manual on the School Health Program, and assisted with the Sanitation Manual for School Lunch Workers, and a Manual for Health Instruction in the Elementary Grades which was started at a workshop held at Florida State University during the summer. Consultation service was given to this latter group and the aid of other members of the State Board of Health to act in consultant capacities was enlisted.

The formation of local School Health Planning Committees, which are outlined and recommended in Bulletin IV, was promoted, and committees were set up in the following counties: Alachua, Baker, Bradford, Brevard, Nassau, Seminole and Pinellas. The Pinellas group was an extension of an existing committee. School Health Committees were also active in Dade, Hillsborough and Lake Counties.

The consultant represented the State Board of Health at many meetings throughout the year. A paper on "Teacher Observation" was given at the Florida Educational Association meeting in Miami, and another on "Services Available From the State Board of Health and Local Health Units" at the Supervisor's Conference, State Department of Education, held in Tallahassee. Services as a resource person and speaker were given at various county P.T.A. and preschool planning conferences. A visit was made in Georgia to observe the Demonstration School Health Program in Spalding, Pike and Lamar Counties. Other meetings attended included: Alcohol Study Committee and Alcohol and Narcotics Workshop at the University of Florida, Children's Commission-Nemours Foundation conference at Miami, the statewide School Lunch Planning Committee, the Institute in Speech and Hearing at the University of Florida, monthly meetings of interagency staff conferences with representatives of education and welfare organizations.

#### MENTAL HEALTH PROGRAM

Personnel changes and lack of an adequate staff have interrupted and delayed a number of the mental health activities at the state level during the year, although general interest both on the part of the public and State agencies has increased remarkably during this twelve months period. This increase in interest is in large measure due to the efforts of such organizations as the State Mental Health Association, regional and county Mental Health Associations, Parent Teacher Associations, and stimulation from outside agencies such as the National Mental Health Association, regional office of the United States Public Health Service in Atlanta, and the National Epilepsy League complementing those of official state agencies such as the State Department of Education, Florida Children's Commission, State Department of Public Welfare, State Universities, and the Florida State Board of Health.

A considerable amount of this interest centers around the need for improving both the treatment and domiciliary facilities for those requiring care in state mental institutions. But there is also considerable evidence that the importance of preventive measures and mental health education is being widely recognized as a practical means of reducing the terrific over-all economic load imposed upon the state by mental illness. The limited services now available to the public schools through the small number of Child Guidance Clinics are enthusiastically utilized by officials of public school systems and there is an increasing demand for more service.

As a practical means of making mental health techniques more readily available to groups such as nurses, teachers and ministers, who are in daily contact with large numbers of children and parents, mental health workshops designed to orient these groups in this field have been held in scattered areas within the State. The enthusiastic response to these workshops has been such that additional ones have been planned throughout the State in 1953 for other groups of interested persons. Two work-



shops were held in Miami, primarily for nurses and public health personnel, and two were held in St. Petersburg for persons representing a wide variety of social and health agencies.

During the summer of 1952, mental health consultants of the Public Health Service from the Atlanta, Georgia, office of the Federal Security Agency were invited to make a study of the mental health needs of Florida, primarily from the standpoint of preventive and educational services. An extremely broad sample of opinion both from private and public sources was obtained, grouped, and classified by priority, and in addition available services were reviewed and evaluated. A report of this study has only recently been received and is now being studied. The increasing interest in mental health, plus the needs revealed by this study, have resulted in a decision on the part of the State Board of Health to request additional funds from the Legislature to be appropriated specifically for support of this program. In addition to the study just described, the mental health consultants of the Public Health Service have been very active throughout the year in supporting the Mental Health Program in the state by participating in workshops, study groups, and as participants in both professional and public meetings.

#### MENTAL HEALTH NURSING ACTIVITIES

The mental health nursing consultant has continued to work throughout the year on a full-time basis and reports increasing interest on the part of the general public and the various groups with which she works. These activities are very closely coordinated with those of the Division of Public Health Nursing and a definite effort is being made to incorporate the basic principles of good mental health nursing techniques into the daily activities of the generalized public health nursing program. Because the consultant has been the only full-time employee in the mental health field at the state level for the entire year, she has been forced to accept a wider range of responsibilities than would ordinarily be the case.

Groups served:

##### 1. Nursing

Fifty-three visits were made to county health services involving 28 of the 66 organized county health departments. Content of programs varied: methods of education for individual and group instruction; discussion of interagency and interpersonal relationships; specific program planning for inservice training and special group conferences. New materials and new uses of old mental health educational materials were promoted by demonstration. In addition, assistance was given with one three-day workshop on mental health for public health nurses, two institutes on care of the premature infant, one short course on Speech and Hearing, University of Florida (for credit); summer session course, "Trends in Nursing", University of Miami, also for credit. In May the regional conference in Atlanta, Georgia, of mental health and psychiatric nurses was attended, and in June, the National

Mental Health Nurses' meeting, Atlantic City. An exhibit on mental health was arranged for the public health section meeting, Florida State Nurses Association, Daytona Beach. During the winter, spring and summer months, assistance was given in recruitment for registered professional nurses in the fields of psychiatric nursing and mental health, but this was unsuccessful due in part to insufficient salary and lack of listings of psychiatric and mental health nurses in budgets.

2. Visits were made to public schools involving 16 of the 67 counties. Requests for visits came from county health officers or directly from county boards of public instruction. Generally, the nursing supervisor or senior staff nurse attended and assisted with the service. Emphasis in these activities has centered on mental and emotional problems. Two of these counties have developed referral systems to specialized personnel of nearby military bases for a limited number of children, while another county continued to send children and parents to guidance services in a university at approximately one hundred miles distance for diagnostic services. The service reported above is supplemented many times over by other workers from the State Board of Health, by child guidance clinic personnel, by the universities, and by resource persons within the county boards of public instruction and in other community agencies.
3. Professional Workers Other than Nurses  
Twenty-five visits were made to organized professional workers other than nurses in eleven counties. Included in these associations were regional education and classroom teachers (white and negro), guidance workers and counselors (other than workers assigned to child guidance clinics), and social workers. Content and method explored by these workers concerned dynamics of human relationships and the group process.
4. Community Organizations  
Local mental health associations, civic clubs and church groups with mental health committees in 13 different communities requested assistance. Visits were concerned with aiding these groups in defining goals for individual and separate projects, some of which concerned direct financial aid to child guidance clinics, others with community education programs via radio, television, newspapers, and public meetings.

#### CHILD GUIDANCE CLINICS

Mental health activities operating at the county level, with which this Bureau is concerned, consist of seven child guidance clinics and one mental health unit operating as an integral part of the county health department. The seven guidance clinics although associated with the county health departments in all cases offer a wide variety of organizational patterns from the standpoint of supervision and direction. Several of these activities have expanded their activities during the past year either through staff additions or improved operating techniques. All



are understaffed from the standpoint of community needs. No new clinics have been established in 1952 although considerable interest has developed in a number of communities and plans are being made to establish either clinics or other related activities.

Following are narrative reports covering the activities of each clinic or service prepared for the most part by the clinic staff.

*Dade County Guidance Clinic*, 275 N.W. Second Street, Miami

Walter M. White, Jr., M.D., Psychiatrist, Director (effective February 1953)

L. Craig Long, Ph.D., Psychologist, Clinic Director (resigned November 1952)

Frederick LeDrew, M.D., Psychiatrist

I. Leo Fishbein, M.D., Psychiatrist

Melvyn J. Gardner, M.D., Psychiatrist

Arthur H. Dohlstrom, Clinical Psychologist

Milton Eber, Psychometrist

Mrs. Jane Moulthrop, Psychiatric Social Worker

Mrs. Marjorie Halverstadt, Psychiatric Social Worker

Mrs. Marie Gordon, Play Therapist (volunteer)

During the past year the Dade County Guidance Clinic has attempted to serve the community on a broader scale than at any time since its inception in 1948. This growth is reflected not only in the case load and the increase in personnel, but even more so in the functions and policies, so that the role of the clinic within the community has changed quite drastically. The areas in which significant changes have been accomplished are worthy of further comment: intake policies, case load supervision, community education, psychiatric time for consultation, and unified teamwork approach.

The statistical report covering the same period has shown a total of 850 clinic cases during the year. All of these were children with their parents. Two hundred cases were carried over from the previous year. According to the diagnoses, 371 were behavior disorders, 287 were mental defectives, 126 were disturbances associated with organic and infectious diseases, 44 were psychoneurotics, 13 were character disorders, and 9 were psychotics.

The report showed that 389 of these cases were classified as "improved". Approximately half of those reported "not improved" were cases in which the parents failed to follow through with the clinic service after the school made the referral. Of the total number of cases, 85 per cent were referred to the clinic from the school and health department; 4 per cent were referred by local physicians; and 11 per cent were referred by other agencies.

Growth within the structure of the clinic in 1952 can partly be attributed to the addition of qualified staff members, together with a

clarification of policies and specific assignment of responsibilities for all staff members.

A psychiatric social worker joined the staff in June.

A psychometrist, associated with and supervised by the clinic, has been assigned to the Dade County Board of Public Instruction, Special Education Department. He has been able to meet more effectively the needs of the school system for the screening of exceptional children by working in close cooperation with the Supervisor of the Special Education Department, and still be in a position to refer some of these children for a more complete clinical workup.

Late in the year the clinic director resigned to accept employment elsewhere and since that time, plans have been completed to employ a full-time child psychiatrist who will serve as medical director of the clinic.

A review of the over-all problems confronting the clinic clearly pointed up a need for long-term planning in the area of mental health. The need to establish better community relations and participation and to cooperate with case work agencies who might offer treatment following a complete diagnostic workup by the clinic were felt to be areas of major concern.

Prior to the end of the spring school semester, an orientation program for the parents of preschool children was held. This was later followed in the fall by return visits to discuss adjustment problems centering around school attendance.

On the psychiatric level, bi-monthly conferences were held with six staff members of the Child Welfare Division of the District Welfare Board. It is believed that this type of inservice training aided in the better placement for many children under foster home care.

During July, a staff psychologist attended a Leadership Training Course for two weeks in Atlanta, Georgia, conducted by the U. S. Public Health Service, and subsequently conducted a ten week sociodrama workshop for a parent study group associated with the Dade County Crippled Children's Society.

In December a program of nurses' inservice training in mental hygiene was started in cooperation with the director of Public Health Nursing and the Visiting Nurse Association.

During the past year of operation a marked change in emphasis within the clinic structure was accomplished. Weekly staff conferences with a psychiatric consultant were established, thus drawing together the three disciplines, psychiatric, psychologic and social work, in the diagnosis and planning of all clinic cases. Previously the clinic service was primarily diagnostic, but gradually there has been a shift to more extensive treatment.

In regards to treatment of seriously disturbed children on an inpatient



basis, a planning conference was held with the director of Jackson Memorial Hospital in the hope that a children's ward might be included in the new psychiatric wing of the hospital.

*Duval County Child Guidance Clinic*, 635 Ocean Street, Jacksonville

Edward L. Fleming, Jr., Ed.D., Psychologist, Director

Gary E. Turner, M.D., Psychiatrist

Mrs. Virginia M. Wright, M.S.S.W., Psychiatric Social Worker

Haim Ginott, Ph.D., Clinical Psychologist

During the year 1952 a total of 247 applications were made to the Child Guidance Clinic. Of these 247 applications, 45 applications were withdrawn before the child could be seen. In each of these withdrawals, it was reported that the problem had been alleviated and that there was no need for the services of the clinic. For this reason, 202 cases were actually processed during the year 1952.

The following is a breakdown of the total applications made to the clinic during 1952:

<i>Problems</i>	<i>No.</i>	<i>Per Cent</i>
Behavior Disorders	92	38
Mental Deficiency	54	22
Neurosis	60	24
Psychos	14	6
Character Disorders	16	6
Organic	11	4
	247	100
<i>Referral Sources</i>		
Parents	96	39
Schools	53	21
Juvenile Court	31	13
M.D.s	23	9
Catholic Charities	19	8
C.H.S.	11	4
Others	15	6
	247	100
<i>Disposition of Cases</i>		
Withdrew applications	45	18
Diagnostic and referred	127	52
Diagnostic and refused therapy	28	11
Diagnostic and lapsed therapy	17	7
Diagnostic and completed therapy	30	12
	247	100

Using 202 as the actual number of cases processed, the cost for each child who was processed by the clinic was \$82.58. In addition to 102

educational lectures made to lay people in the community, the clinic staff has developed and participated in the following new activities: group psychotherapy for parents; group play therapy for children; adolescent discussion groups; a series of ten lectures in child growth and development presented to the students of the Nursing Schools in Jacksonville; a seminar in group psychotherapy which is being offered to professional people of the community; field work placement for advanced social work students of Florida State University. During this year the clinic was able to add another clinical psychologist to its staff.

There were no major changes made in the administrative setup of the clinic. The director of the clinic is responsible directly to an executive board comprised of 15 lay and professional people of the community. The purpose of the 200-man Advisory Board is primarily education and publicity. It is felt that these people who have an intimate knowledge of the clinic can do much to bring a better understanding of the clinic's function to the community. During this year the clinic financing remained the same. However, the clinic was accepted as a member agency of the Community Chest. This will allow the clinic to expand its staff during 1953 so that the staff will consist of a consulting psychiatrist, two psychologists, two psychiatric case workers and two secretaries.

The need for psychological service in this community far exceeds the clinic's limited resources. It is felt that the clinic staff could be doubled and the demand would still exceed the resources. It is the hope of the Board of Directors and the clinic staff that the clinic will be able to expand its staff until the clinic is able to meet all of the demands made upon it for service.

*Hillsborough County Guidance Clinic*, W. B. Henderson School, Tampa

Walter H. Bailey, M.D., Psychiatrist, Director

Mauro Gonzalez, M.S., Psychological Assistant

Miss Edna K. Keefe, Psychiatric Social Worker

During the early part of 1952, final plans were completed by the psychologist and psychiatric social worker to return to school in the fall for further training. Thus, it was necessary to work in terms of terminating cases and planning for transferring cases.

With regards to case load, the largest single group of problems presented was behavior disorders of children. The rest of the cases follow in terms of frequency: Psychoneuroses, mental deficiency, character disorder, disturbances associated with organic and infectious diseases, and psychoses. One hundred and fifty-six new cases were accepted during the year, which added to the 66 cases carried over from last year gave a total of 222 cases. Of these, 33 lapsed while under treatment and 42 were referred to other agencies. Of those completing therapy, 9 were discharged as much improved, 33 as improved, 10 as not improved.

Major changes in personnel occurred during the summer months. The staff now consists of a psychiatrist, a new psychologist, and a new psy-



chiatric social worker. Plans are now being made to employ another psychologist, a chief clinical psychologist.

During the latter part of the year, concentrated effort was made to build up and maintain a close working relationship with the various agencies in the community. At the present time, agency relationship can be said to be extremely good.

The educational work of the Center has been increased and expanded. Aside from the organized programs sponsored by the clinic, the staff members are in frequent demand for speaking engagements. The Center has also undertaken publication of a Newsletter which has been received with enthusiastic approval.

The office quarters at the Guidance Center were recently repainted and redecorated. Partitions were added in the large playroom to increase the working space. We are now in the process of buying new test materials and new play therapy equipment.

*Human Relations Institute*, c/o Leon County Health Department, Gadsden and Gaines Streets, Tallahassee

Dean Johnson, Professor of Social Work, Florida State University,  
Director

Dr. J. J. O'Connell, Psychiatrist

Mr. Gordon Aldridge, Clinical Psychologist, Director (resigned)

Dr. Anders Sweetland, Clinical Psychologist

Dr. Paul Fuller, Clinical Psychologist

Miss Dixie Jones, Psychiatric Social Worker

The Human Relations Institute is an all purpose clinic, under the auspices of Florida State University and the Florida State Board of Health. From the time of its inception in January 1948, the clinic has served two functions: It has offered a needed service to the community, and it has provided training in clinical psychology and in social casework for graduate students in the University. This is an outpatient clinic, which offers counseling to persons with emotional problems. Additional service is provided the Florida Industrial School for Boys at Marianna, where the clinical psychologist conducts a bi-weekly clinic.

In 1952, a total of 341 persons received treatment at the clinic. About sixty per cent of these persons were children. There were 1,362 treatment sessions held with these patients. In a few cases continuous treatment extended throughout the year, but in general, the length of treatment ranged from one interview to interviews extending over several months.

The types of problems presented by clinic patients during 1952 are grouped here in order of frequency: psychoneuroses, behavior disorders of children, disturbances associated with organic and infectious diseases, mental deficiency, psychoses, and character disorders. The first two accounted for the bulk of the cases.

In the Institute, case intake is a social work responsibility. The patient's first interview is, therefore, with the social worker, who then discusses the case with other members of the clinic team in an intake conference. At this time, plans are made for preliminary diagnosis or treatment, and the case is assigned to a staff member or a graduate student, who will be working under staff supervision. Supervisory sessions are held with each student and two-hour weekly staff conferences provide opportunity for cases to be presented and discussed with the clinic team. In 1952, for one semester, the psychiatrist conducted these conferences as part of an advanced course in psychotherapy, students of which were carrying cases at the Institute. Research projects are constantly in progress in the Institute.

In September, the regional consultant in mental health for the U. S. Public Health Service visited the Institute and met with a number of interested persons in the community. Expansion of our preventive program has been and is one of our objectives. Clinic personnel have devoted considerable time to working with groups such as teachers, public health nurses, and social workers who have a continuing contact in the community. As the director of the Institute phrased the problem, "Much of the time a mental health clinic is like an ambulance at the foot of a cliff, picking up those who have fallen over. We need to build more fences at the top of the cliff to prevent falling in the first place."

It is hoped that future developments at the Institute will include obtaining more staff. It is hoped that it will be possible to enlist the support of the Community Fund.

*Orange County Child Guidance Clinic*, 1214 E. South Street, Orlando

Rodman Shippen, M.D., Psychiatrist, Director

Roger Phillips, M.D., Psychiatrist, Director (resigned)

Miss Barbara Bailey, Psychiatric Social Worker

Dr. James H. Russell, Psychologist

During the past year, the clinic continued to serve the same population area with the same physical facilities, but the total number of patients seen increased around six per cent over the previous year. Some of this increase seemed related to a consistent effort to make full use of all staff time by filling cancelled appointments, and by efforts to differentiate those patients needing full study, or evaluation by each member of the clinical team.

As can readily be seen, with the load and staff hours available, the clinic continued to function mainly on the diagnostic level. Throughout the year pressure for clinic services mounted and the waiting list doubled. The adding of two rooms for exceptional children at the junior high level contributed to greater demand for service as well as the cumulative effect of "word-of-mouth" referrals from both the local area and outlying counties, particularly in Osceola, Brevard, and Seminole. These factors, in addition to the ten per cent increase in local school enrollment in a fast growing area, have made the demands on the clinic greater



than ever before, and contributed to the present waiting list of over 100 applicants. The total number of new cases admitted for service during the year was 249 plus 71 cases carried over from the previous year, making a total of 320 cases. Of these, 186 were for diagnosis only, and 10 were referred to other agencies. Of the 63 admitted to therapy and discharged, 15 were much improved, 43 improved and 5 not improved.

Although the clinic staff has responded to requests from groups such as P. T. A.s for discussion of the clinic facilities, these requests were not particularly encouraged in the fact of the clinic's limited facilities. Routinely the diagnostic study itself has usually had to extend over a two to three month's period owing to the limited staff time and space available. The clinic availed itself of the opportunity to discuss the clinic resources with all school principals at the beginning of the school term, and the staff presented a panel discussion for the County Classroom Teachers Association later in the year. Clinic personnel has worked actively and closely with the Central Florida Mental Health Society, and has made itself as available as possible on committees in the community.

For the first time, an experiment in group therapy was initiated with plans to continue the program as staff time is available.

Since its beginning the clinic has felt a need of a lay advisory group to function largely as an interpretative body, both to explain the clinic functions and needs to the community and to help in determining services in which the community is interested and those it is willing to support. Steps have already been taken to clear the way for such an advisory group to function and to think about its composition.

The clinic has also been active in trying to determine its role in relation to those services which might be offered within the school system, and to what extent the school system can make a greater contribution. The needs of the clinic, if it is to function more adequately, have been presented to school officials with promise of definite action. Need for additional funds for personnel has also been presented to the local Junior League.

The position of office manager was established on a full-time basis September 1, 1952, and this change, together with the acquisition of a new audograph, has added much to office efficiency.

During the college school year and within the limits of space and supervision time, the clinic made the maximum use of the services of Rollins students in the psychological department. The students contributed materially and particularly to the diagnostic services, but of course were available only during the college terms. The 9 hours per week allocated for the clinical psychologist has been most inadequate even with the use of students and therefore an assistant psychologist has contributed at least an equal amount of time to help with the clinic load during the last half of the year. This meant that over half of the time of both the clinical psychologist and assistant has been contributed gratis

in order to allow the clinic to carry the reported load. While no attempt has been made to encourage referrals from other counties, note has been taken of the marked increase in referrals from outlying counties and of the need to explore in what ways they might contribute financially.

*Pinellas County Child Guidance Clinic*, 757 Fourth Street, N., St. Petersburg

Paul W. Penningroth, Ph.D., Psychologist, Director

Walter H. Bailey, M.D., Psychiatrist

Mrs. Dorothy B. Brodie, M.A., Clinical Psychologist

Mrs. Florence Pierce, M.A., Clinical Psychologist (resigned)

Harold C. Rivkind, M.S., Psychiatric Social Worker

Mrs. Marion M. Hinton, M.S.W., Psychiatric Social Worker

Mrs. Mary M. Allison, Psychiatric Social Worker (resigned)

The Child Guidance Clinic of Pinellas County, operating through its two offices in St. Petersburg and Clearwater, has had a very full year, serving a larger number of children and parents and extending its work more intensively into the community. Of particular note are the two three-day workshops in human relations, one of which was held for social workers from 14 agencies in the community and another for representatives from all divisions of the County Health Department. Also in its community education has been the presentation of several mental health plays to various Parent Teacher Associations and other groups.

There have been several changes in the financial setup during the year. The most important was a reduction in the mental health funds available to the clinic. The local Board of Health absorbed the change in order to permit the work of the clinic to continue without interruption. Also the Pinellas County Board of Public Instruction returned as one of the contributors to the budget in order to eliminate the deficit.

The scope of the functions of the clinic has been decidedly increased during the past year in that the range of services now includes the following five categories: Diagnosis, psychotherapy, vocational and psychological counseling, counseling services to individuals and organizations, and educational activities relating to mental health. The last two have received much greater emphasis. For instance, 874 consultations were held with social workers, teachers, principals, nurses, parents, etc., about problems relating to children in which the children were not seen at the clinic. Also a total of 143 speeches were given or discussions participated in in a variety of community gatherings. It is estimated nearly 5,500 individuals attended these meetings. The clinic is recognizing more and more the value of prevention through the greater knowledge of emotional development of children by parents and the assistance in dealing with emotional problems presented by other professional workers.

During the past year, the demand for services has definitely increased. The total intake and the total number of persons served was 13 per cent higher than in 1951. The total number served from January 1, 1952 to



December 31, 1952 in the diagnostic and treatment category was 461. These services were made available to children of all ages from infancy to over 21. The most frequent age grouping was from 9-12, representing 25 per cent of the total referrals. Next was the 13-15 group, 21 per cent; and third, the 6-8 group, 18 per cent. These three groupings included two-thirds of the children served at the clinic during the year. This is the same experience that the clinic had the preceding year. An increase in the number of children seen under 5 years of age also occurred, primarily through an extension of diagnostic service in adoption studies. Of the 461 children served during 1952, 98 were carried over from the preceding year and 363 were new referrals. These 363 new applications were referred as follows:

Self .....	112
Schools .....	77
Juvenile Court .....	35
Health Department .....	28
Other Agencies .....	72
Other Individuals .....	39

It is noteworthy that as the visiting teachers and school psychologist are more effectively screening referrals to the clinic, the self referrals are increasing in comparison with the school referrals.

Among the reasons for referral, behavior disorders, poor school or poor social adjustment, and disturbed family relationships were reported in nearly half of the situations coming to us. The next most frequent referral problems included children with physical handicaps and those with psychoneurotic disturbances, representing one-fourth of all referrals. Others were mental deficiency, adoption studies, character disorders, assessment of intelligence, and psychosis.

During the year, 381 individuals terminated their work at the clinic for the following reasons: Treatment and/or diagnosis completed 291, treatment lapsed 57, and referred to other agency 33. Of the treatment cases terminated during the year at the clinic, 22 per cent showed marked improvement at the time of discharge, 49 per cent were improved, and 29 per cent were not improved.

Since its formation, the clinic has been governed by its own Board of Directors and is separate from the other community agencies but works closely with them. The Board of Directors includes a representative from the Juvenile Welfare Board, the Board of Public Instruction, the County Health Department, and other citizens representing the entire county.

The Child Guidance Clinic has provided direct services to a larger number of individuals during the past year and has extended its services to meet other needs in the community. Increasingly, as is true throughout the nation, clinic services are needed for adults as well as children in our county. There have been many requests for help made to the clinic by adults. Our present facilities in staff and financial re-

sources do not permit inclusion of adult service except at the expense of our program for children.

*Polk County Guidance Clinic, Bartow Air Base, Bartow*

Lowell S. Selling, M.D., Psychiatrist  
 Chester L. Nayfield, M.D., Medical Consultant  
 Helen C. Earley, M.A., Psychologist  
 Esther Smith, M.Ed., Counselor

The case load did not vary greatly from the preceding year, since the operating budget is unchanged. Because the staff has not increased, it has not been possible to increase the patient intake. A total of 182 new patients were admitted during the year and all of these were given a complete examination. The services of this clinic are primarily diagnostic in nature with some counseling done by the psychologist and clinic counselor under the guidance of the psychiatrist. All the resources and facilities of the community are utilized in referring cases to appropriate agencies for further treatment and assistance.

Participation in the school program has increased during the year. The psychologist spends two full days a week in the schools where she tests children and confers with principals and teachers about their problems concerning pupils. The Board of Public Instruction, through a liaison officer, serves as a clearing house for all school children who are referred directly from the school to the center. The psychologist and the counselor at the center participate in the county-wide case conference, the purpose of which is to make recommendations about school placement of those children whose intellectual or physical limitations make attendance in the regular school questionable.

One of the highlights of 1952 was the effective fund campaign in May, sponsored by the Bartow, Lakeland and Winter Haven Pilot Clubs. Each of these groups expended an unusual amount of effort and time to help raise money for the center. Concurrently, an educational program was carried on through the media of radio, newspaper, pamphlet distribution, and talks to clubs and other groups.

In September, the mental health consultant of the U. S. Public Health Service regional office at Atlanta, Georgia, visited the center. Representatives of various agencies in the county were invited to take part in a discussion and study of the mental health needs on a county, state and national level.

Due to the initiative of the Executive Secretary and the interest and support of the County Commissioners, the Guidance Center will soon be housed in a new building in Bartow. The architect has already drawn plans and actual construction will be underway early in 1953.

The Trustees of the Guidance Center have been active during the year. In April, incorporation papers were drawn up and filed in the Circuit Court. The fund campaign was the most successful in the short



history of the Center. Careful thinking was given to the most desirable site for the Center and it was decided that it would be most advisable to have it in Bartow. The programs for the Trustees' meetings were arranged for the purpose of informing members about mental health and the operation of the Center. At the January meeting, a mock conference was presented by the Guidance Center staff. They explained the procedure of a case which had actually been processed at the clinic.

*Mental Health Division, Volusia County Health Department, 440 S. Beach Street, Daytona Beach*

R. D. Higgins, M.D., County Health Officer, Director

Dr. J. Wilbert Edgerton, Director, Division of Mental Health

Ruth Van Camp, Ph.D., Clinical Psychologist

Paul H. Jenkins, M.D., Psychiatrist

Miss Olive Seymour, R.N., Mental Health Nurse

Mrs. Marie Henry, Psychiatric Social Worker

The Mental Health Division of the Volusia County Health Department is unusual in that it is the only county mental health activity organized and operated as an integral part of a county health department. The present organization of this activity had its inspiration in the participation of the Health Unit Director in a Mental Health Institute conducted by the Commonwealth Fund and the U. S. Public Health Service in 1949. The Division provides clinical diagnostic and therapeutic services for Volusia County, and in addition is engaged in a program of community education in preventive mental health. Also efforts are being made to integrate the activities of the Division into all phases of the public health program.

The full-time staff of the Division consists of two psychologists, one of whom is a trained clinician, and a mental hygiene nurse. The part-time staff includes a consulting psychiatrist, and eleven public health nurses who devote approximately one-third of their time to the program.

A major part of the services provided are to school children referred through the Board of Instruction's Exceptional Child Program. Referrals from the schools come through the nurses, who also make home contacts and compile the physical findings on each child. Case history data and more extensive family contacts are provided through the mental hygiene nurse, who is by training and experience well qualified. Psychological testing, including intelligence and personality evaluation, may be done in the school or in one of the three principal health centers located at Daytona Beach, DeLand, or New Smyrna Beach. Rooms equipped for play therapy are provided in each of the three named health centers. The work of the Division is financed jointly by the Volusia County Board of Public Instruction and funds allocated by the county for the Health Unit. These funds are inadequate due to the constant growth of the program since its inception in 1948.

During the year 1952, 372 children and 93 adults have been admitted

to service. More or less contact was made with all concerned parents or guardians, though they were not officially admitted to service. Of the children 263 were new cases. The cases were referred from the following sources:

	Per cent
Schools .....	80.6
Parents .....	8.0
Orthopedic School and Welfare Dept. ....	5.8
Health Unit and Physicians .....	4.3
Juvenile Court .....	1.3

The presenting problems consisted of the following:

Deficient school achievement .....	57.8
Behavior and emotional disturbances .....	29.2
Mental deficiency .....	7.7
Speech disorders .....	3.4
Convulsive disorders .....	1.4
Adoption placement .....	0.5

The staff conducted 371 testing sessions, held 413 counselling sessions with parents or patient, conducted 356 hours of play therapy, made 349 home visits, and consulted a total of 574 times with school and other agency personnel.

The mental hygiene staff made contact with larger segments of the community through participation in parent-teacher programs, through the showing of films, and through several radio appearances. A beginning was made in conducting study groups with teachers and prospective teachers. Assistance was given to the Junior Service League Orthopedic School, the Practical Nurses School, and the Juvenile Court. The clinical psychologist participated in two programs for area nurses, and in a program for district health departments.

Two members of the staff attended the Fourth Annual Conference on Services to Handicapped Children in Florida, the theme of which was "Mental Health and Children". All of the full-time staff attended portions of the Florida Public Health Association meetings in Jacksonville in October. In December, the director of the Division of Mental Hygiene was a member of a group studying "Group Process Leadership" under the auspices of the United States Public Health Service in Atlanta, Georgia.

During the year consultants from the State Board of Health, the regional office of the U. S. Public Health Service in Atlanta, and the Department of Neuropsychiatry, Duke Hospital, Durham, North Carolina, visited the county and consulted with the staff on the present program and plans for future staffing and development.



**BUREAU OF DENTAL HEALTH**

**FLOYD H. DeCAMP, D.D.S.**  
 Director

The growth and development of the objectives of the Bureau of Dental Health for 1952 were highlighted by continued progress in the advancement of the program of control of dental disease throughout the State. Careful evaluation of the year's work indicates a marked increase of interest in this project by the dental profession, school officials, and community groups. This is proved by the fact that requests for printed dental educational materials, visual educational projects, and speakers on dental health subjects have increased far beyond expectation. This, coupled with more proposals by civic groups for establishment of community dental planning, indicates a desire by the public to solve its own dental health problems through existing organized channels.

**Highlights of Fluoridation**

No public health subject in Florida has commanded as much community interest as fluoridation. No issue has stimulated as many news releases, mass meetings, recommendations, resolutions, radio broadcasts, and, finally, community action, as fluoridation has this past year. The greatest achievement in the control of dental decay for young children in Florida during 1952 was the actual beginning of the addition of fluoride to the community water supply of the metropolitan Miami area. This progressive step was initiated in June, 1952. Miami supplies water for Miami Beach, Coral Gables, Hialeah, South Miami, West Miami, Miami Shores Village, and Miami Springs. This is the largest installation in the state, serving a total population of 375,000. The credit for this fine achievement is due to the foresight and persistence of the several dental societies in the towns affected and also to the very progressive Miami City Commission.

With eleven cities in Florida (including those in the Miami area) adding fluoride to their potable water supply, this program is sure to expand to other areas despite considerable opposition by certain interests and organizations influenced by out-of-state propaganda. This is a challenge to the entire field of preventive dentistry. It can be overcome by the dissemination to the public of the proved scientific facts which are available on the efficiency and safety of this measure.

**The Jacksonville Study**

In March, 1952, the Bureau of Dental Health, assisted by the U.S. Public Health Service, conducted a dental examination of 1,592 school children in Jacksonville to determine if the fluoride level of 0.7 to 0.8 parts per million naturally occurring in municipal water

supplies in this area was sufficient for effectual reduction of dental decay in children's teeth.

The dental examination was limited to those children who were born within Jacksonville's city limits and who had lived there from birth and used the municipal drinking water. Approximately 100 children of each age level, six through seventeen years, were surveyed. In order to find the 1,592 children meeting these requirements, it was necessary to screen 15,000 children in eleven city schools. Briefly summarized the results showed that the permanent teeth of 44.5 per cent of the children examined were caries free—they had never been attacked by dental decay, they had no decayed, no missing, and no filled permanent teeth.

Compared with similar dental examinations made in areas in Florida where there is no fluoride in the drinking water, this result is phenomenal, because the state-wide results show 95 per cent of all school children examined are in need of dental care. An additional outstanding fact determined by this study is that the teeth showed no detrimental effects from fluoride, indicating that the level of 0.7 to 0.8 parts per million occurring naturally in the Jacksonville municipal water supply is ideal for effectual fluoridation practice in Northern Florida, and possibly for the entire State.

**Topical Fluoride Unit**

The Topical Fluoride Demonstration Unit, under joint financial support of the State Board of Health and the U.S. Public Health Service, completed its 4th year of operation in the State. The service, aside from giving assistance to a large number of children in controlling dental caries, has had a stimulating and awakening effect on the communities where it operated to the need for early and constant dental attention, and created a local desire for their own permanent dental programs.

The Florida Dental Demonstration Unit served fourteen schools in six different counties in 1952, applying sodium fluoride to the teeth of 3,535 children. The unit also conducted a dental health education program for school children, teachers, and community groups. Many communities have indicated a strong desire to have their own topical sodium fluoride programs as a part of the organized county health department activities. They are looking to the dental profession to help them solve this problem.

**Local Health Department Sodium Fluoride Project**

In 1950, Hillsborough County Health Department initiated a topical fluoride program for underprivileged children. This was done with aid of the downtown Tampa Kiwanis Club, which purchased necessary dental equipment. The Bureau of Dental Health furnished part of the salary for the dental hygienist. Hillsborough County Dental So-



ciety members contributed a great deal of voluntary time to the clinic. This has been so successful and popular that Hillsborough County Health Department is now assuming financial responsibility for the hygienist. The Kiwanis Club continued support in 1952 by purchase of additional equipment for the clinic.

The program operates about six months during the school year and in 1952, 37 schools were visited and 919 children received the complete series of four fluoride applications. School and health officials see a need to extend the program to include all schools in the county. The dentists of Tampa would support such a preventive measure.

#### Mobile Dental Unit

The Bureau's one mobile dental clinic continued to operate on a cooperative basis with community groups desiring the service. The State Board of Health furnishes all supplies, operating expenses, and the dentist's salary. The per diem of the operator of the clinic for actual working days in a community is supplied by funds made available by local civic groups. This local participation is very worth while as it enables the Bureau of Dental Health to save funds for other activities; and, because it affords the towns served an opportunity to contribute financially to the program, it is a stimulant to civic pride and interest.

The project is for underprivileged very young children and is assigned to counties where there are either no private dentists or so few practicing dentists that dental services for children are not available. Local dentists, if any, must unanimously approve the project before it is sent to a county.

This dental unit operated for eight months of the past year, and visited six counties giving a total of 2,971 dental corrections to 690 elementary school children. The treatments consisted of: alloy fillings in deciduous teeth, 1216; in permanent teeth, 940; extractions of deciduous teeth, 502; extractions of permanent teeth, 37; miscellaneous treatments, 203; and in one county 73 fluoride treatments were given. The need for this service is great and it is impossible to fill the large number of requests received.

#### County Participation Increases

Several counties have revised and improved their existing dental programs the past year. Hillsborough County Health Department spent considerable money to completely modernize both clinic and equipment. This is a noteworthy improvement and a tribute to the health officer and his progressive County Health Advisory Board, whose chairman is a local practicing dentist. The clinic employs one full-time dentist, a part-time dentist, a dental hygienist, and a dental assistant.

Jackson County Board of County Commissioners during the fiscal year of 1952 again voted the same special tax to continue its dental program until July 1953. This is a mobile unit operated by a full-time dentist. The program is based on corrective dental service for underprivileged children and dental health education. The Florida State Board of Health participates financially in this program on a matching basis.

Palm Beach County Health Department is, for the first time in a great number of years, making funds available to match the Kiwanis Club's contribution for the operation of the Kiwanis Club Dental Clinic, initiated and operated for so many years by the West Palm Beach Kiwanis Club. In the spring of 1952, the Club expressed a desire to gradually withdraw from the program to develop a new community project. The Palm Beach County Board of Commissioners agreed to appropriate 50 per cent of the necessary funds to operate the clinic, beginning July 1, 1952. A full-time dentist and a dental assistant are employed to conduct school dental examinations, dental clinic service for underprivileged children, and an educational program. This clinic is located in a building especially constructed for it by the Kiwanis Club and is worthy of attention from other counties that are building or contemplating new facilities for their health departments.

#### County Dental Health Clinics An Asset

County health departments which maintain dental clinics are giving an excellent service to the underprivileged children in the State. The clinics have proved their worth. The dentists of the State have given good support in every county having a corrective clinic. In addition to this, community dentists throughout Florida have voluntarily made school dental examinations and given emergency dental care to many underprivileged children without charge.

Six counties operated dental clinics in 1952, on a full-time or part-time basis; namely, Dade, Duval, Hillsborough, Jackson, Orange, and Pinellas. The shortage of professional personnel caused the temporary interruption of some of the programs. For the same reason several county health departments, though ready with funds and equipment, were unable to operate their dental clinics. A total of 46,056 school dental examinations were made by dentists from these six counties, and 24,421 dental corrective services were rendered to 6,226 elementary school children. The corrective service consisted of 9,079 fillings, 6,751 extractions, and 8,591 miscellaneous treatments. In each of these counties, the dentists operating the clinics were actively engaged in dental health educational work—distributing literature, showing films, and presenting talks to school groups and civic clubs interested in dental health.



**Educational Phases of the Program**

Health is one of the most important aims in education. The establishment of good health habits for children and youth, at home and at school, is an objective of parents and teachers alike. It has been found that no other disease is so common among school children as tooth decay. Poor oral health makes it impossible for many students to keep up in their studies and may be a potential danger to their general health.

The dental health education program the past year has been extended to new counties and has made a number of improvements in methods. New teaching devices have been adopted, modern visual education aids such as films, film strips, radio transcriptions, dental health educational booklets, etc. have been purchased. The demand for films and all teaching devices has increased many times over last year. Requests for educational materials from practicing dentists in the State have increased over 1951.

There has been a recognition this year of the mutual problems of dental health education existing between the Bureau of Dental Health, the universities and colleges, and the State Department of Education. This is important in the training of those entering the teaching profession.

The services of the full-time dental health educator have been in constant demand by school and county health officials in all parts of the State. A statistical report of the activities of the dental health educator indicate

No. of schools visited .....	54
No. classroom talks made .....	404
No. children in attendance (est.) .....	15,227
No. talks to teachers and civic groups .....	64
No. attending (est.) .....	1,961
No. times dental health educational films shown.....	320
No. attending (est.) .....	16,409
No. teachers' Pre-planning conferences participated in .....	6
No. teachers attending .....	770
No. teacher packets given out .....	127

These activities were in fifteen different counties and a number of return visits were made to several of the counties. The total number of pieces of literature distributed by the Bureau of Dental Health was 27,854 and number of teacher packets, 317.

The Division of Health Information also distributed seventeen dental films for 400 showings before an estimated 75,000 persons, most of them school children. They also distributed many pieces of literature—exact amount unknown.

**DIVISION OF NUTRITION AND DIABETES CONTROL**

**E. R. SMITH, M.D., Director**  
**MARJORIE M. MORRISON, M.S.,**  
**Chief Nutrition Consultant**

The activities of this division, although they may appear to be divergent and varied, have become smoothly integrated. The services offered during the previous year have continued with some change in emphasis. In addition to nutrition and diabetes control functions, there has been participation in multiple screening surveys, and in an intensified hookworm and anemia detection and control program.

The personnel of the division have participated in many organizational activities which serve to promote nutrition information, the awareness of diabetic control problems, and of the public health and economic import of hookworm infestation.

**NUTRITION**

During 1952 definite progress was made toward establishing nutrition services on a consultant rather than a direct basis. This was due to: first, an improved understanding at both state and local levels of the nutritionist's role in the health department program; and second, an increased number of requests for services.

Actually, the volume of service continued to rise, though on a percentage basis, the increase was not as great as that of 1951. The figures below indicate the trend in services:

**COMPARISON OF SOME OF THE BASIC SERVICES**

	1951	1952
School workshops and conferences	26	38
Group work, school faculties, etc.	37	54
Individual conferences: health department personnel, welfare workers, teachers	497	845
Nutrition and diabetes classes taught	121	185
Clinics participated in	71	43

Service has continued to be given on a request basis. The work done is dependent, to a great degree, on the special interests of the county health departments. Staff education, especially for nurses, continues to be an important service. Nutritionists have participated in 54 staff conferences for health department personnel. The number of Visiting Nurse Associations working in conjunction with county health departments has increased; accordingly, there has been renewed interest in dietary budget problems of low income families and in special diets for convalescents. Established food handlers' schools have requested assistance from the nutritionists. Health department personnel have organized community classes in general nutrition education and special classes for diabetics which have been taught by the nutritionists.

Work with school programs has continued to require approximately



half of the staff's time. Much of this has been spent with faculty groups on planning nutrition programs and projects, and some faculty education in nutrition. Most of the work has fallen into three general areas—assistance in securing materials, with animal experiments, and with diet record studies.

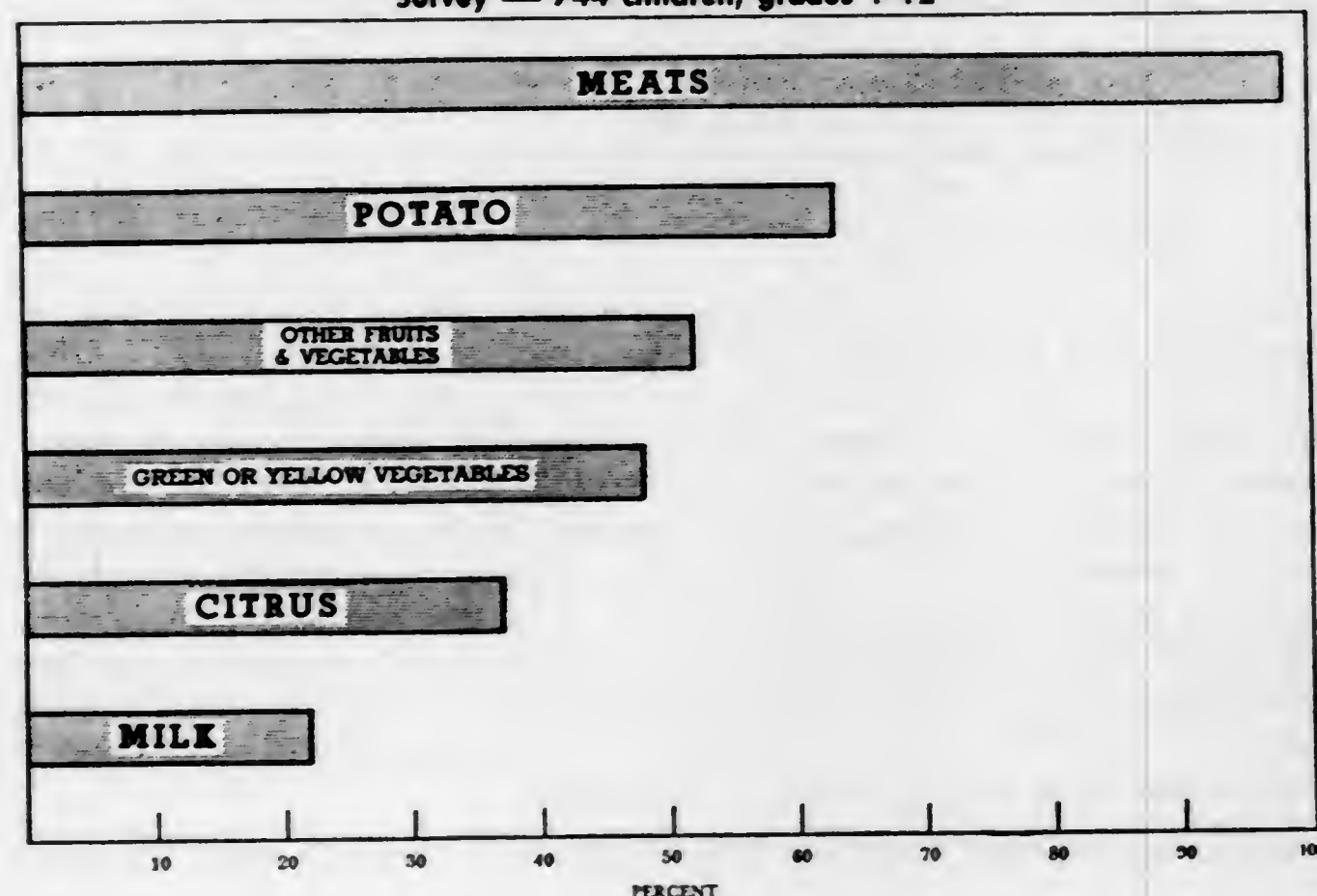
It was not possible to produce or purchase many materials that were needed because of shortage of funds and personnel. Arrangements were made with the dairy industry to furnish some materials to selected schools.

Animal feeding experiments, both white rat and guinea pig, have created interest among both students and parents. A nutritionist being known as "the rat lady" to both these groups is no longer a novel experience! Outcomes of these experiments have been such things as improved participation in school lunch programs, and increased appreciation for the benefits of an adequate diet.

Because both the local health officer and the faculty felt that the Wetzel Grid project begun in 1951 in the Live Oak Elementary School was worthwhile, the project has been continued. An additional project similar in scope was started in Broward County in September, 1952.

New check sheets have been devised so that parent and/or faculty groups can now evaluate diet records with little assistance from the nutritionist. By helping plan the studies and by helping interpret the results to the parents, the nutritionist can now discharge her responsibilities for diet surveys in much less time. This year nutritionists have evaluated 1205 one-day diet records and 1541 three-day diet records. The Figure below gives some of the findings:

FIGURE 5  
Per Cent of Children Who Were Eating Recommended Amounts of Foods on One-day Survey — 744 children, grades 1-12



Cooperation with the school lunch program continued. The chief nutritionist worked with the State Department of Education's school lunch staff in setting up a course of study in nutrition for training school lunch workers. (It is understood that this course of study has been adopted by another state.) At the state-wide school lunch workshop held on the Florida State University campus last August, the nutritionists from the State Board of Health assumed the responsibility for the nutrition classes.

One of the staff taught at the Bethune-Cookman workshop for negro school lunch personnel; another taught the course for the Polk County School lunch workshop. One staff member assisted with a special U. S. Department of Agriculture study to determine the adequacy of portions served and the financial advisability of including a citrus product daily in the school lunch.

In addition to activities of this kind, the nutritionists have assisted several vocational schools throughout the state with the training of groups of practical nurses. Student nurses from several hospitals have been taught the public health aspects of nutrition. In the area of special education, parents of spastic children have been assisted with the feeding problems brought about by this condition. Work with other state agencies and institutions has continued and expanded. Among those calling on the Nutrition Division for assistance this year are two new ones—the Florida State Prison, and the Florida Council for the Blind. The staff is also represented on the advisory board of the Florida Citrus Commission's new program of services to schools.

The Division has continued to offer services to small institutions which have untrained food managers. Requests have also come from large hospitals for new information on low sodium and other special diet materials.

One of the staff had the privilege of attending the first International Congress for Dietitians which was held in Holland. While there, she also attended the conference of the International Diabetes Association.

The chief nutritionist was asked to participate in a conference at the University of North Carolina on the training of public health nutritionists. It is felt that assisting colleges to prepare students for public health nutritionist positions is a professional responsibility. In line with this policy the division provided a graduate student of public health nutrition from Western Reserve University with seven weeks field experience.

Among other professional seminars and conferences in which the staff participated were the Diabetes Seminar, Premature Institute, Obstetrical Seminar, Institute on Gerontology, Conference on Chronic Diseases, State Nurses Association, State Home Economics Association, and State Dietetics Association. Exhibits were prepared for the Obstetrical Seminar, State Nurses Association, the State Conference of Social Work, and for several county fairs.

Activities have been too many and varied to incorporate into a single



report. Through cooperative planning and more systematic reporting, the nutrition program has been strengthened, during the past year.

### DIABETES CONTROL PROGRAM

This section of the division has continued three basic services in diabetes control activity: Free insulin for indigent diabetics, educational activities as to the implications of diabetes, and diabetes detection by screening surveys.

*Insulin Distribution.* Insulin is distributed to indigent diabetics through the county health department or their approved clinics. Distribution is done on a quota basis as the demand for insulin exceeds funds available for supply. Each unit requisitions the type and amount of insulin within their allocation from the central office. This method is being continued to equalize the distribution. Total allocations to the counties for insulin requirements during 1952 were 25,152 vials containing 15,959,600 units at a cost of \$34,941.52. This insulin was distributed among 2463 diabetics.

To study the eligibility of the recipients of free insulin, a program was begun in January to evaluate the 1620 diabetics who had received insulin during the fourth quarter of the fiscal year 1950-51. Every eighth case was selected which resulted in 202 cases distributed over 57 counties. The investigations were done by experienced social workers. A breakdown of these 202 diabetics shows the following:

Deceased .....	11
Unable to locate .....	12
Receiving public assistance .....	105*
Patient at State Tuberculosis Hospital .....	1
Refused to give information .....	4
Studies completed .....	69

It is to be noted that the four who refused to give information had all had insulin service discontinued by the health department prior to the survey. Of the total 179 cases surveyed only three individuals were possibly ineligible for the service; extenuating circumstances in two of these cases made ineligibility questionable.

An effort is now underway to eliminate even minor discrepancies in the eligibility of those receiving this service. A new application system for free insulin has been formulated by the State Board of Health in cooperation with the State Welfare Department and will go into effect in 1953. Applicants for free insulin under the revised system will be more carefully evaluated as to their indigent status.

*Educational Activities.* Educational activities were conducted by the division for the diabetic, the physician, and general public. These activities consisted of publications and group or individual instruction. Publications for the diabetic consist of pamphlets on self-administration

\* Deemed eligible and dropped from further study.

of insulin, self-urine testing, and a monthly bulletin, *Timely Topics*. This bulletin covers subjects of general interest to the diabetics. When ordered through the diabetic's physician, a booklet, "Meal Planning with Exchange Lists," prepared by the American Diabetes Association, American Dietetic Association, and the U. S. Public Health Service is available.

### Monthly Distribution of "Timely Topics" for Diabetics

Number distributed to diabetics .....	2,590
Number distributed to doctors in Florida .....	321
Number distributed to public health nurses in Florida .....	324
Miscellaneous distribution and requests for extra copies .....	416
	<hr/> 3,651

In the field of professional education the division continued a harmonious relationship with the Post-Graduate Educational Committee of the State Medical Association and the Post-Graduate School of the University of Florida. Joint effort resulted in the Post-Graduate Seminar on Diabetes in West Palm Beach. A two-day series of lectures was given by two internationally known authorities in the field of diabetic care, Doctors Howard F. Root and Priscilla White. Participating also in this seminar were representatives from the State Board of Health and the U. S. Public Health Service.

For the medical profession there is available the "Diabetes Guide Book for the Physician", and the "Meal Planning with Exchange Lists, with Diets 1 through 6" edited by the American Diabetes Association.

*Diabetes Detection.* This activity continues to be a major function of this division. In 1952 the total number of examinations done for diabetes detection was reduced by about one-third. This is due to the wider application of multiple screening examinations done in rural areas which is a slower operation than diabetes screening alone. Also the marked acceleration in the hookworm and anemia detection program further reduced the amount of time devoted to diabetes screening as the same team conducts both activities.

The screening procedure used is that devised by Wilkerson and Heftman. Blood sugar levels are determined rather than urinary examinations for the detection of diabetes. This method is applicable to screening bloods taken from the finger tip or for venous blood drawn for other tests. In cooperation with the Bureau of Tuberculosis Control and the Bureau of Preventable Diseases multiple screening surveys were conducted in eight counties. The tests used in these surveys were: 70 mm. chest X-ray; venous blood test for syphilis serology, anemia, and diabetes. The counties in which these surveys were conducted were predominately rural with no adequate laboratory facilities available. The screening was done with full cooperation of the local medical societies.



## Findings of Diabetes Detection Program, 1952

Program	Total Tested	Suspected Diabetes	Known Diabetes
Multiple Screening	11,834	72	249
Diabetes Screening Only			
Duval	872	3	2
Palm Beach	7,506	39	254
TOTAL	20,212	114	505

The major diabetes screening program was conducted in Palm Beach County. This was done simultaneously with the tuberculosis survey but was conducted independently. The procedure used in the separate diabetes surveys is as follows: Each individual has a brief history taken, enters the screening trailer where a drop of blood is taken from the finger tip, and remains for the result of the test which is available in five minutes. During this time a fact sheet on diabetes is provided. If the test is positive, a venous blood specimen is drawn and a careful dietary history taken. The venous blood is sent to the State Board of Health Laboratory for quantitative sugar determination. If this second test is abnormal, in the light of dietary history, the individual is advised to see his physician. If the results of this test are not definite, an additional test exactly two hours following a high carbohydrate meal is requested. This is done either by the detection team or county health department. The referral to the private physician is then based on the blood sugar findings and dietary history of both examinations.

*Evaluation of Screening.* To ascertain the accuracy of diabetes screening, a very thorough check was made on a detection program conducted in November 1951. Results of this study showed that of 5,184 individuals tested, 75 were possibly new diabetics. These were referred to the physician of their choice and results of referrals were as follows:

56 individuals were diagnosed as new diabetic cases

6 refused medical attention

13 were diagnosed as not being diabetic—7 of these, however had conditions which needed medical attention and which would explain their elevated blood sugar. In 6 cases no explanation was given for hyperglycemia.

The figures above again add validity to the statement that at least one per cent of the population has undetected diabetes.

TABLE 43  
TOTAL FINDINGS OF MULTIPLE SCREENING PROGRAM  
(Does not include recheck and follow-up examinations)

COUNTY	CHEST X-RAYS				BLOOD SPECIMENS TAKEN			
	Findings			TOTAL	Findings			TOTAL
	Def. Tbc.	Susp. Tbc.	Other Pathology		Positive for Syphilis	Anemia*	Suspected Diabetes	
Baker	1	5	12	817	45	33	1	12
Bradford	2	10	15	1,589	53	26	17	52
Clay	3	27	48	1,874	106	43	18	48
Franklin	0	4	6	1,765	33	17	8	9
Gulf	1	19	23	1,953	141	37	8	33
Monroe	0	26	19	1,990	20	46	2	40
Nassau	0	13	7	2,400	113	90	8	18
Union	0	4	6	2,762	31	24	11	26
Wakulla	0	4	7	684	59	39	4	11
TOTAL	7	107	186	11,834	601	355	72	249

\*Screening levels for Hemoglobins  
Males 12.5 grams per cent  
Females 11.5 grams per cent



## HOOKWORM AND ANEMIA

In 1952 the investigation of the problem of hookworm infestation and the presence of anemia among the school population was greatly intensified. This work started in September, 1951 after a request from the State Health Officer that hookworm control activities be centered in this division and that it act as a coordinating agency in all programs designed to control the rate and frequency of infestation. During the first part of the school year 1951-1952 approximately 4,000 school children were tested for the presence of anemia and hookworms. The original level for hemoglobin screening used at this time was 10.5 grams per cent. It was found that 98 per cent of children in the first to sixth grades, on single examinations, came above this level. However, those which had hemoglobin levels below 10.5 grams per cent in practically every case showed hookworm infestation. With this preliminary work as a basis, in the latter half of the school year, the hemoglobin screening level was raised to 11.0 grams per cent and finding still a relatively small proportion falling under this, it was later raised to 11.5 grams per cent.

The examining team consists of two members, both trained in intestinal parasitology. With one assistant the team has a peak capacity of 150 examinations for anemia and intestinal parasites per day. The screening procedure for anemia and hookworm detection is briefly as follows: Specimen containers are distributed to 150-175 students prior to the day of the test, with instructions as to collection of specimens. On the day of the test the technician determines hemoglobin levels on the children by the copper sulfate method of Van Slyke. Those falling below the hemoglobin screening level have photolorimetric determinations made. At the time of hemoglobin testing, a permission slip, signed by the parent, is turned in as well as the stool specimen, each properly identified. At the conclusion of the hemoglobin screening, the remainder of the day is spent in stool examinations, the parasite detecting being done by the salt flotation method of Willys and Malloy. By the following morning, results of the previous day's testing are available to the local county health unit.

Results of the survey show that intestinal parasites remain a serious public health problem. The anemia among the school children is of considerable importance and the dietary habits need correction coincident with intestinal parasite control. The improvement of sanitary facilities and the teaching of proper health habits are important concomitant problems.

## SUMMARY OF HELMINTH DETECTION

Number tested .....	10,211	100.	per cent
Number with no parasites .....	6,263	61.0	per cent of total
Number with parasites .....	3,717	37.0	per cent of total
Number with hookworm .....	3,370	33.0	per cent of total
Number with Ascaris .....	296	2.9	per cent of total
Number with Trichuris .....	29	0.3	per cent of total
Number with Enterobius .....	84	0.8	per cent of total
Number with Hymenolepis nana .....	4	* 0.0	per cent of total
Number unsatisfactory .....	231	2.0	per cent of total

\* 0.0 denotes less than 0.05 per cent

TABLE 44  
RESULTS OF ANEMIA SCREENING PROGRAM  
12,157 Elementary School Children, Single Examination

GRAMS %	GROUP I Screened at 11.5 Grams %		GROUP II Screened at 11.0 Grams %		TOTAL GROUPS I and II	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Total Children	5,804	100.	6,853	100.	12,157	100.
Tested .....	4,919	92.7	.....	.....	.....	.....
Over 11.5 .....	67	1.3	.....	.....	.....	.....
11.1-11.5 .....	4,852	91.5	6,492	94.7	11,411	93.9
Over 11.0 .....	184	2.5	184	2.7	318	2.6
10.1-11.0 .....	106	2.0	89	1.3	195	1.6
9.1-10.0 .....	41	0.8	44	0.6	85	0.7
8.1-9.0 .....	20	0.4	26	0.4	46	0.4
7.1-8.0 .....	10	0.2	11	0.2	21	0.2
6.1-7.0 .....	5	0.1	4	0.1	9	0.1
5.1-6.0 .....	2	0.0	1	0.0	3	0.0
4.1-5.0 .....	0	—	1	0.0	1	0.0
3.1-4.0 .....	0	—	1	0.0	1	0.0
2.1-3.0 .....	0	—	1	0.0	1	0.0

0.0 denotes less than 0.05 per cent



## BUREAU OF SANITARY ENGINEERING

DAVID B. LEE, M.S., ENG.

Director

This report contains a summary of the activities and accomplishments in a brief narrative and tabular form for the year 1952. It also breaks down the activities and accomplishments under the various sections the Bureau maintains.

Again this year the Bureau devoted a major portion of its time to the problem of fringe area sanitation covering water supply and sewage disposal in the rapidly expanding areas where no political subdivisions existed. Subdivision analyses for federal-insured loans more than doubled in 1952 over 1951, and the processing of individual septic tank inspections for the federal-insured loans increased approximately 3000 over 1951 thus indicating the continued rapid expansion in the State of Florida.

In the field of municipal sewage treatment, 59 sets of plans were approved in comparison with 36 in 1951; and with a value in 1952 of over \$30,000,000 compared with \$2,000,000 in 1951. Of these 59 approved, 22 were completed and placed into operation. With reference to operation of water and sewage plants it is pointed out that with the completion of each new plant, operational problems become accumulative as the years go by.

Stream sanitation and industrial waste surveys were reduced by a small percentage in 1952 over 1951 because of lack of personnel.

In the field of water supply and treatment a total of 144 projects were approved in 1952 compared to 94 projects in 1951 which is a 53 per cent increase. The dollar value was about the same except for an increase of about 1 per cent in 1952. It is pointed out that 31 per cent of these projects were for fringe area subdivision water supplies.

Swimming pools increased from 82 projects in 1951 to 143 in 1952 and the permitted pools increased from 250 in 1951 to 355 in 1952, showing a marked increase in this activity.

In the field of seafood sanitation, laboratory samples of water, oysters, crabmeat, et cetera, increased from about 1500 in 1951 to approximately 3000 in 1952 and it is anticipated that this will continue to increase.

In the field of food handlers' training there continues to show an increase per year in the number of licensed eating establishments and a continual demand for the food handlers' training program. The total certification in the food handlers' training program shows an increase of approximately 5000 certificates in 1952 over 1951.

The number of plans processed annually since 1942 in our drafting room is shown in Figure 6 with approximately a 30 per cent increase in 1952 over 1951.

There is the ever-continuing need for additional scientific and clerical personnel since all the prognostications indicate that this State will continue to expand in the building and construction field. Since there are very few areas left where construction can be undertaken without serious public health implications, a greater demand on this department is foreseen for environmental health control measures.

## Articles by staff members:

1. Clary, W. R. Investigation of Alafia and Peace Rivers. Florida Engineering and Experiment Sta., Bull. ser. no. 57: Industrial Wastes Practices (Proc. 5th Nat. Pub. Health Engin. Conf., May 20-21, 1952), pp. 30-32.
2. Wakefield, J. W. Florida industrial waste problems. Florida Engineering and Industrial Experiment Sta., Bull. ser. no. 57: Industrial Wastes Practices (Proc. 5th Nat. Pub. Health Engin. Conf., May 20-21, 1952), pp. 10-17.
3. Wakefield, J. W. Industrial waste and the chemical engineer. J. Florida Engineering Soc. 6:9, 11, 13, 15, 17-19, Dec. 1952.
4. Wakefield, J. W. Semi-tropical industrial waste problems. Proc. 7th Indus. Waste Conf., May 7, 8 and 9, 1952. Lafayette (Ind.), Purdue University, 1952, (Engineering Extension Dept., Extension Ser. 79, v. 36, no. 6, Nov. 1952) pp. 495-508.



## WASTE TREATMENT AND DISPOSAL

## Municipal Sewerage Projects

In the 1951 annual report, special attention was called to the cumulative effect of new sewage treatment plant construction as regards the supervision of operation. Thus, while the construction phase of a project may terminate in a few months, the operational phase will never be completed. This was considered particularly important in 1951 due to the shortage of supervisory personnel. It is significant, therefore, to note that during 1952 twenty-three additional sewage treatment plants were placed in operation or were nearing completion at the year's end.

TABLE 45  
MUNICIPALITIES  
COMPLETING SEWAGE TREATMENT PLANTS IN 1952

Municipality	Population Served
Apopka*	1,900
Cantonment—Chemstrand Corporation	3,400
Clearwater—Skycrest S/D*	2,600
Dade City*	3,806
Eustis*	1,750
Green Cove Springs—Magnolia Springs Housing Project*	990
Homestead*	4,500
Jacksonville—Albermarle Park S/D	126
Jacksonville—Edgewood Heights S/D	228
Jacksonville—Floradale S/D	438
Jacksonville—Hillcrest S/D*	483
Jacksonville—St. Regis Kraft Corporation*	750
Key West—Dredgers Key Housing Project	3,000
Lake Wales	5,000
Lakeland—Southeastern Bible Institute	225
Largo—County Home	100
Madeira Beach	5,420
Melbourne—Melbourne Manor S/D	525
Pensacola—Pen Haven S/D*	2,000
Saint Petersburg—Subdivision*	400
Santa Rosa Island*	1,500
Tampa—Anita S/D	825
Tampa—Gandy Boulevard Park S/D	1,050
Total	21,216

\* Under construction December 31, 1952

The number of people served is relatively small and there is little question that the net result during the year is an increase in the population not served by an adequate sewerage system. However, these small plants will require as much or more supervision than will a hundred million gallon a day plant. On the one hand the population is increasing so rapidly that it is well nigh impossible to keep pace with such

essential utilities as sewerage systems. On the other hand, every effort to promote more sewerage systems is only increasing the supervisory burden which is already too great for the available staff. Thus is this Bureau caught on the horns of a dilemma.

Unfortunately, 1952 showed no decrease in the manpower shortage. Of the eleven professionally trained persons working with this section on January 1, 1952, five have resigned for one reason or another. Four of these have been replaced but at a loss in experience and training. Consequently, a serious situation in 1952 is a critical matter in 1953. Not only is it not possible to expand the engineering forces to meet the increased work load, but the available forces are actually decreased.

It is obvious from the number of projects approved in 1952 and their dollar valuation that the interest in adequate sewerage is not lessening. There was a substantial increase during 1952 in the number of approved projects and in their dollar valuation. Of the 59 projects approved, the two totaling the greatest dollar value, and incidentally the greatest steps toward better sanitation for a large portion of the population, were the projects at Miami and Key West. However, the other 57 projects showed a dollar increase over 1951.

There continued the healthy trend toward subdivision sewerage systems. Several factors accounted for this trend. Among these were the continued high level of building in the State and a definite lack of suitable septic tank areas. Approximately 20 subdivision projects were approved consisting of sewer extensions or sewers and treatment plants. As the year closed there were several other subdivisions actively planning sewers or treatment facilities.

Attempts to meet the operational demands required regional engineers to make 175 visits, either routine or emergency, to the State's sewage treatment plants. A staff sanitary engineer made 26 visits to plants to study operation or assist the operator. In addition, this engineer handled the operator education work through three short courses. Due to a critical shortage of qualified engineers in the Bureau, which is much worse than a year ago, this engineer was required to spend considerable time reviewing treatment plant plans and doing subdivision analysis work.

It was felt that the contacts between the State Board of Health and the sewage treatment plant operators have continued to increase and strengthen, and that a real service was performed for the sewage plants and operators. Operation reports have improved in quality and number. Much work remains to be done in continuing these contacts and in improving the quality and scope of the assistance to include more operators and plants.



TABLE 46  
SEWERAGE PROJECTS APPROVED IN 1952  
MUNICIPAL SEWAGE TREATMENT

Municipality	Project	Estimated Cost
Bunnell	Lehigh Portland Cement Plant—sanitary sewers and treatment .....	\$ 26,800**
Chattahoochee	Prison Camp—treatment plant, Imhoff tank, sand filter .....	30,000
Clearwater	Skycrest and Brookside S/D—sewers.....	110,000*
Cocoa	Broadmoor Acres S/D—sewers and lift station .....	100,000**
Cocoa	Housing Project—lift station .....	13,300**
Dade City	Sewers and treatment plant .....	360,000*
Eglin Field	Housing project—extension to sewer system .....	50,000**
Eustis	Sewers and treatment plant .....	200,000*
Fort Lauderdale	Extension to sewers .....	13,290**
Fort Walton	Sewage treatment and extension to sewer system .....	225,000
Gainesville	Deborah Heights S/D—sanitary sewer extensions .....	13,675
Gainesville	Florida Farm Colony—sewer extension.....	32,500**
Gonzalez	Chemstrand Company—sanitary sewers and treatment .....	— **
Green Cove Springs	Magnolia Springs Housing Projects—sewers and treatment .....	70,000*
Green Cove Springs	U.S. Navy—extension to sewerage system and modification to plant .....	— **
Homestead	Sewer extensions .....	6,000**
Homestead	Newport S/D—sewers and treatment.....	15,500
Jacksonville	Edgewood Heights S/D—sewers and treatment plant .....	14,000**
Jacksonville	Floradale S/D—sewers and treatment plant .....	37,500**
Jacksonville	Highland Estates S/D—sewers .....	—
Jacksonville	Hillcrest S/D—sanitary sewers and treatment .....	37,500**
Jacksonville	Hogan Heights—sewers and treatment....	11,817
Jacksonville	Lakeshore Terrace S/D, Unit 3—sewer extensions and secondary treatment unit for existing plant .....	15,000*
Jacksonville	Magnolia Gardens S/D, Unit 3 and 4—sewer extensions and additions to treatment plant .....	73,048*
Jacksonville	St. Regis Kraft Corporation—sanitary sewers and treatment .....	42,330*
Jacksonville	Timuquana Estates S/D—sewer extension .....	6,000**
Jacksonville	Venetia Terrace S/D—sand filter trenches and effluent sewer .....	30,265*
Key West	Sanitary sewer replacement, lift stations....	\$1,908,000
Lake Alfred	Citrus Experiment Station—new sewage plant .....	35,000
Lakeland	Southeastern Bible Institute—treatment plant .....	18,400**
Largo	County Home—sewers and treatment .....	20,000**

TABLE 46—Continued  
SEWERAGE PROJECTS APPROVED IN 1952  
MUNICIPAL SEWAGE TREATMENT

Municipality	Project	Estimated Cost
Leesburg	Sewer extensions .....	4,500**
Madeira Beach	Sewers and sewage treatment.....	650,000
Melbourne	Sewer extensions and treatment plant .....	—
Melbourne	Magnolia Manor S/D—sewer extension....	62,375**
Melbourne	Magnolia Park S/D—sewer extension .....	13,524**
Miami	Interceptor sewers and treatment plant....	24,646,054
Miami	City Stockade—lift station, sewers .....	— *
Miami International Airport	Replacement sewage plant .....	250,000
North Reddington Beach	Glades Hotel—new sewage plant .....	—
Ocala	Sanitary sewer extensions .....	38,885
Orlando	Azalea Park S/D—sanitary sewerage facilities .....	130,000**
Orlando	Colonial Acres S/D—sewer extensions.....	— *
Orlando	Monterey S/D—sewer extensions.....	55,000
Orlando	Radcliffe Terrace S/D—sewer extensions..	—
Palm Beach	Pinnars Island S/D—sewers and treatment .....	21,000
Plymouth	American Can Company—sanitary sewers..	—
Santa Rosa Island	Sewers and treatment plant .....	298,946*
Sarasota	Housing project—sewer extension .....	26,600*
St. Petersburg	Subdivision—sewers and treatment plant....	150,000**
St. Petersburg	Central Shopping District—sewers .....	— **
St. Petersburg	Lealman Trailer Park—sewers and treatment plant .....	30,000
Tampa	Anita S/D—sewers and treatment plant....	76,000**
Tampa	Central Park Village Housing Project—sewer extensions .....	63,000
Tampa	Gandy Boulevard Park Addition S/D—sewers and treatment plant .....	75,000**
Tampa	MacDill Estates S/D—sand filter trenches and effluent sewers .....	8,000*
Tampa	Meadowlawn S/D—(see MacDill Estates)	— *
Tampa	Sunnydale Acres S/D—(see MacDill Estates)	— *
Winter Park	Sewer extensions .....	225,676**
TOTAL		\$30,339,485

\* Bids let or project under construction

\*\* Completed

59 Plans approved for new sewage treatment plants and/or systems or extensions

22 Completed

17 Under construction

20 Status quo or unknown



**Industrial Waste**

By virtue of cooperative efforts a considerably larger industrial waste program has been made possible than is apparent by either the personnel employed or the State's portion of the budget. Thus, during 1952 two major stream surveys and two large plant surveys were initiated with only one man from this section participating. Also three major investigations were made possible by financial aid from private sources. The two stream surveys mentioned are the continuing study of the Escambia River by the Chemstrand Corporation to determine the biological condition of the river before the new nylon plant is placed in operation, and the pre-plant-construction study of the Withlacoochee River of the north by the National Container Corporation in anticipation of completion of their pulp plant near Valdosta, Georgia. In both instances, the section's staff biologist has worked and is continuing to work in cooperation with survey teams from the industries. This makes data accumulated available to all. The two large industrial plants referred to were the pulp and paper mills operated at Jacksonville and Panama City by National Container Corporation and International Paper Company, respectively. These surveys were conducted by a team of specialists from the U. S. Public Health Service Environmental Health Center in Cincinnati, Ohio, and resulted from contacts and cooperative efforts by personnel of this section.

The three major investigations undertaken by this section are namely: the stream sanitation study of the Peace and Alafia Rivers, now in its fourth year, which is financed completely by the seven phosphate mining companies operating in the Polk and Hillsborough County area; a citrus waste research project nearing completion of a year of operation which is financed jointly by the U. S. Public Health Service, the Florida Canners Association and the State Board of Health; and a study of the value of air flotation to improve the treatment of industrial waste started in late 1952. This latter work in the Miami area was done by a complete air flotation pilot plant. The State Board of Health contribution to these studies has been over-all supervision and administration in the first two projects and the services of one engineer on a full-time basis for several weeks on the third one.

In addition to these special projects involving study over a considerable period of time, industrial waste surveys have continued at various locations over the State as listed in Table 47. These studies add materially to the sum total of knowledge now available on the sources of industrial wastes and its effects on the receiving streams. This work was initiated under a \$15,000 per year grant from the U. S. Public Health Service under Public Law 845, and was partially continued in 1952 at State expense since the expiration of that grant.

**TABLE 47**  
**INDUSTRIAL WASTE SURVEYS**

Location — Industry	Type of Waste
<i>Ft. Pierce</i> Munsco Mills Treesweet Products Inc.	Citrus pulp Citrus
<i>Jacksonville</i> Florida Plating Co. Gold Ment Meat Packers Painters Poultry Co. Wooten Fiber Co.	Chromic, cyanide Slaughterhouse Chicken abattoirs Palmetto fiber
<i>Melbourne</i> Markham Bros.	Tomato cannery
<i>Miami</i> Home Service Center	Laundry
<i>Okeechobee</i> Markham Bros.	Vegetable
<i>Orlando</i> Perfection Coop. Dairy Southern Fruit Distributors, Inc.	Milk Citrus
<i>Pensacola</i> American Agricultural Chemical Co.	—
<i>Plant City</i> Breyer Ice Cream Co. J. W. Horsey Corp. Southland Frozen Foods, Inc. Sugar Rose Canning Co.	Milk Vegetable Tomatoes, beans
<i>Polk County</i> Armour Fertilizer Works Swift & Co. U. S. Phosphorus Products Co.	Fluoride Fluoride Fluoride
<i>Tampa</i> Sanitary Cleaners & Laundry	Laundry

The approval of plans submitted for industrial waste treatment plants was limited to six small installations. The largest and most interesting of these was a laundry waste treatment facility. The laundry handles wipe clothes and uniforms used by mechanics. The disposal of the sludge from the chemical precipitation unit presented a considerable number of problems.

**TABLE 48**  
**PLANS FOR INDUSTRIAL WASTE TREATMENT**

Location	Type of Project
Hialeah	Abattoir waste
Loxahatchee	Jelly plant waste
Miami (Home Milk Producers Association)	Dairy waste
Opa Locka (Nuway Towel Service)	Laundry waste
Riviera Beach	Canning plant waste
Tampa	Laundry waste



The relative insignificance of plans submitted for approval is due first to the fact that the industrial waste program is still in the developmental stage and, secondly, to the fact that in many cases plans are not submitted for work that is being done.

The special projects mentioned briefly merit more detailed comments. The largest project is the Peace and Alafia Rivers Stream Sanitation Project financed by the phosphate industry. This project continues into its fourth year of existence at a somewhat reduced pace due to serious losses of experienced personnel.

Increased emphasis was placed on studies of citrus plant waste and sanitary sewage being discharged to the two river basins. However, phosphate investigations were still the principal objective of the project. Following several major and minor dam breaks from phosphate operations, the operating companies were advised that with careful engineered planning such breaks could largely be prevented. During the year, two meetings were held with the Phosphate Committee and two progress reports were made.

The brief study on the biological life in the two rivers was completed in July. A special study of fluoride waste discharged to a stream in the basin was made. This last study was of particular significance since the waste had apparent toxic effects on animal life.

There has been gathered a great wealth of information on citrus, phosphate and sewage disposal practices in the Peace and Alafia River Basins. It is hoped that a report can be prepared by July 1, 1953, summarizing and analyzing this data which has been accumulated over the previous three and one-half years. It is obvious that a project must continue in this field if the benefits gained are to be maintained and funds have been requested of the Legislature for this purpose.

TABLE 49  
LABORATORY WORK — LAKE ALFRED LAB.

	Municipal Sewage	Industrial Waste	Stream Pollution	Total
Chemical Analysis	126	179	1135	1441
Bacteriological	26	1	84	117
<i>Field Investigations:</i>				
Stream observations (Peace and Alafia Rivers)				68
Stream gaugings (78 sampling stations - Peace River)				22
Phosphate industry investigations				87
Citrus industry investigations				102
River turbidities investigated (non-phosphate)				4
Special river examinations				77
Special fish studies				3
Sewage and sewage treatment plant investigations				38
Special industry studies (other than phosphate and citrus)				7

The Citrus Waste Research Project was initiated by a contribution of \$5,000 by the U. S. Public Health Service under Public Law 845 which had to be expended by July 1, 1952. In order to continue the project beyond that date, the Florida Cannery Association contributed \$10,000 to carry the project to July 1, 1953. Since March of 1952, one engineer has devoted full-time to this project and other section personnel have contributed considerable man-hours in supervisory and administrative efforts. Largely through the initiative of the project investigator and with important contributions of equipment or material, it is believed much worthwhile information will result leading toward the development of an economically feasible method of treating citrus canning wastes.

As 1952 ended, the citrus processing season was reaching a peak and the research project was able to proceed at a faster pace. The greatest need is for additional personnel during the canning season. It is hoped that this project will continue beyond July 1, 1953, and funds for that purpose have been requested of the Legislature.

The third special project, the study of air flotation treatment for several kinds of wastes, was initiated due to difficulties experienced with salt water drainage wells when used for the disposal of laundry, milk and restaurant wastes. The high percentage of failure due to clogging of the wells with grease and other solids led to an inquiry of a manufacturer of air flotation equipment. A 50 gpm pilot plant has been loaned to this bureau, and this equipment is being used to determine if this process can be employed to remove sufficient solids from the waste to permit satisfactory discharge. Results to date, on laundry waste only, are promising.

#### Stream Sanitation Studies

One biologist carried on the major portion of the stream sanitation studies outside of the Peace and Alafia Rivers and the industrial waste-stream sanitation studies. Effects of both sanitary sewage and industrial wastes on the chemical and biological condition of the streams was done. Much work was done on water courses which were yet to receive industrial waste but on which industrial plants were under construction. These included the Withlacoochee-Suwannee, the Escambia and the Fenholloway.

Water courses from which samples were obtained and studied are herewith listed: Chemical and physical surveys: Bayou Chico, Moncrief Creek, Ortega River, Palm River, St. Andrews Bay—paper mill, Panama City, St. Johns River at Eastport—St. Regis, and Trout River; biological surveys: Escambia River, Fenholloway River, Little Wekiva River, and Withlacoochee-Suwannee Rivers.

More than 4000 biological identifications were made in connection with the biological surveys.



TABLE 50  
LABORATORY ANALYSIS STREAM SANITATION — INDUSTRIAL WASTE

	D.O.	BOD	pH	Color Turbid- ity	Susp. Solids	Settle- able Solids	Alk.	Chlo- rides	Acid	Temp	Flow Measure- ment	Fluo- rides	Phos- phates	H <sub>2</sub> S
No. of Samples.....	1,931	1,428	1,708	2,484	118	1,255	221	348	58	1,240	73	238	189	55

### Drainage Wells

Approximately twice as many drainage well permits were issued during the year than in any previous year. These wells were concentrated in a limited number of counties along the Atlantic Ocean. There was an increase of 262 wells in the Dade County area. This is more than 100 wells over last year's total.

TABLE 51  
DISTRIBUTION OF APPROVED DRAINAGE WELLS

County	No. of Wells	Principal Use
Broward	46	Air conditioning, swimming pools, storm water
Dade	262	Air conditioning, swimming pools, storm water, industrial waste
Hillsborough	33	Air Conditioning
Leon	2	Air Conditioning
Marion	3	Air Conditioning
Orange	6	Air conditioning, storm water
Palm Beach	5	Swimming pools
Pasco	1	Air Conditioning
Pinellas	30	Air Conditioning
Sarasota	4	Air Conditioning
Seminole	1	Storm water
Total	393	

The principal use for drainage wells was to receive waste water from closed system air conditioning equipment. This use accounted for the issuance of 268 permits in nine counties. Other issuances were for storm water drainage or lake level control, 43; swimming pool drainage, 64; and industrial waste, such as the discharge of treated laundry waste to salt water, 18.

Air conditioning waste was discharged to fresh water. This type of well is often considered as a recharge or fresh water conservation well. Other discharge wells are either to salt water or adequate quality controls are required. Such controls may require chlorination of effluent, as with swimming pools, or the maintaining of a lake with the well acting as a water level control.

### Garbage

The continued high tempo of work plus the decrease in available engineers resulted in little activity on garbage disposal projects. Limited assistance to municipalities and regional engineers was continued. Consultation services resulting in several visits both by regional and staff engineers were required by one city as a result of a suit to prevent the creation of a garbage-fill operation. At the end of the year efforts were being made to conduct a garbage disposal practice survey in cooperation with the county health departments. This is information that has been badly



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needed by both the State and the U. S. Public Health Service. The outbreak of vesicular exanthema among the country's hogs placed added emphasis on the need for information on garbage disposal.

### Individual Inspection for Government Issued Loans

(including subdivision reports)

Residential building continued at a high rate throughout Florida as reflected by the number of inspection forms processed on individual water and sewage facilities. These inspections covered only government (FHA - VA) insured mortgages and did not represent the building done under conventional financing.

TABLE 52

Form	Description	No. Approved
FHA-2218	Inspection Report and Certification (Sewage Disposal)	5,816
VA	Inspection Report and Certification (Sewage Disposal)	7,294
	Sub Total	13,110
FHA-2217	Inspection Report and Certification (Water Supply)	81
	Grand Total	13,191

Building by counties showed increases in Escambia, Broward and Dade Counties. In two of the largest counties, Pinellas and Hillsborough, there was an actual decrease in the number of forms handled. The other counties either held steady or showed a decrease. In review, it should be pointed out that Dade County processed 3300 inspection forms. These forms were cleared to the issuing agencies by the county health department with a copy filed in this office.

Subdivision planning was at an all time high with an increase of 121 per cent over 1951 in the number of sanitary facility studies made by personnel of the State Board of Health. Studies were made on 223 sewage disposal and water supply facilities. All these studies required the visiting of the sites by county sanitation personnel. Regional and staff engineers were called on for assistance in appeasing difficult problems. The Bureau exercised the final decision on approval of the subdivision site. Dade County alone made and processed 117 subdivision inspections in addition to the ones completed by the Bureau.

The tremendous number of reports, together with the correspondence involved, all but completely swamped the staff. A much tighter program of inspection and certification was put into force, and considerable information on water supplies was furnished. Under a system established during the year, it will be possible to correlate the septic tank inspection reports with approved subdivisions.

This phase of the Bureau's program has necessitated a great many man-hours of work by State and county personnel to the detriment of other

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public health work. However, the unprecedented residential building in Florida makes the providing of satisfactory water supplies and sewage disposal of paramount importance. Public health cannot be jeopardized for the sake of uncontrolled indiscriminate construction of homes in order to satisfy a growing population. It is planned to continue the program of education and regulation in order to maintain and improve the State's sanitary facilities.

### Canning Plants

Permits for canning plants are issued on a permanent basis subject to inspection by local health departments. They may be revoked if conditions are unsatisfactory. During the year, 3 new canning plant permits were issued, making a total of 171 permits in effect. All types of food canning plants are covered by these permits.

### Camps

The issuing of permits for the operation of labor and recreational camps is not actively pushed. Principal activity is carried on through the efforts of the county health departments. Three permits were issued during the year for recreational camps.

### Schools

The State school building program continued at the same high tempo as during 1951. Ninety school projects were reviewed with respect to sanitary facilities and sewage disposal. All school projects were not reviewed as many projects of a minor nature were approved by local and regional health personnel.

Many schools were served by sanitary sewer systems, but the majority still relied on septic tanks and drain fields or sand filters.

Review of plans was based upon the requirements of Chapter XXIV (School Sanitation) of the State Sanitary Code which covers toilet facilities, water supply and sewage disposal.

### Tourist and Trailer Camps

A total of 77 plans were reviewed and approved by engineers of this bureau. These plans covered sewage disposal and toilet facilities to serve motels and trailer camps. This was over twice the number of plans reviewed in 1951 and exemplified the continued growth of the State's tourist industry.

Activity in the tourist court and trailer camp field continued at a high level through inspections by the county health department. Issuance of



permits was on a par with the previous year. The breakdown being as follows:

	<u>Tourist Courts</u>	<u>Trailer Parks</u>	<u>Total</u>
New Permits	86	59	145
Reissued Permits*	46	53	99
	<u>132</u>	<u>112</u>	<u>244</u>

\*For changes in camp owner, capacity, etc.

Six permits were cancelled.

The total number of valid permits at the end of 1952 was 2,626.

#### Educational Activities

Activities on stream pollution abatement, sewage treatment plant operation and community sanitation were promoted by this section in connection with the over-all educational activities of the State Board of Health.

Frequent contacts were made by regional and central staff personnel with city officials, consulting engineer and civic groups.

A very successful program of short courses was carried out through the cooperation of the Water and Sewage Works Operators Association and the University of Florida. The annual short course at the University of Florida was one of the best attended in recent years. A large number of new operators were present and interest was high. Last year's successful regional course in Tampa was repeated with good results. A new short course was inaugurated at the University of Miami. This program featured evening lectures on four consecutive Tuesdays with good attendance. Efforts are being made to make the annual short course at the University of Florida an advanced course with the regional courses handling the elementary instruction.

This section was honored to have engineers elected to the position of president and secretary-treasurer of the Florida Sewage and Industrial Wastes Association. The activities of this association have been of direct benefit to the people of the State in receiving better sewage treatment plant operation.

## PUBLIC WATER SUPPLY AND TREATMENT

### New and Proposed Construction

Planning and construction of new, improved and expanded public water service facilities has continued with a definite upward trend during the year. There are listed in Table 53, a total of 144 projects of this nature for which plans were submitted to and approved by the department in 1952. This total number represents a fifty-three per cent increase over the number of such projects for which plans were approved in the previous year. The estimated cost of these projects, over \$9.25 million, is also an increase over the estimated value of the projects during the year before.

Most of the total number of projects approved continued to be for expansion, alteration, extension of existing systems and for new plants for municipalities; and many of them were for municipal system extensions to realty subdivisions. It is significant, however, to note that some 31 per cent of the projects are for water facilities to serve realty subdivisions where developers are undertaking the water supply features. This percentage is practically the same as for the two previous years, 1951 and 1950, indicating still a lack of municipal system extensions to serve housing developments, many of which are in areas adjacent to municipal corporate limits.

Among outstanding features of the public water supply field during the year was the placing in operation of new plants and/or systems for Hallandale, Hillsboro Shores, Oakland Park, New Smyrna Beach, Port Orange, Flagler Beach and Sigbee Park (Dredgers Key) Key West. In 1952 the citizens of one municipality (Mount Dora) voted to discontinue fluoridating the municipal water supply. Another city (Tallahassee), after acquiring and installing necessary equipment, took action to delay fluoridating its water supply pending further studies as to value of such procedure. In April, the City of Miami commenced fluoridating water at its Hialeah plant. Three other cities (Naples, Gainesville and Clewiston) continued to have controlled fluoridation of their public water supplies as a procedure designed for prevention of dental caries among children.

### Operation

Central office personnel and regional sanitary engineers, as well as county sanitary engineers to some extent, have continued sanitary supervision of public water supply operation to some degree. The need for more personnel which would make it possible to perform this function on a more nearly routine basis is again emphasized. With the continued construction and placing in operation of water plants in subdivisions under private ownership, the operations problem increases in magnitude.

In-service training courses of regional scope for water works, as well



as for sewage works, operators were held in September at Tampa and in November at Miami. Central office personnel assisted with these; and also expended considerable effort in conjunction with University of Florida, General Extension Division, in organizing and conducting the 20th Annual Water and Sewage Works Operators Short Course held at Gainesville for a full week in June.

### Public Swimming Pools

Continuing the trend of increase in number of swimming pools operating under permits by the department, there was a total of 355 such public recreation facilities permitted by the end of the year. There were 107 new operation permits issued during the year which, added to the 248 permits continued valid by virtue of continued compliance with the department's sanitary standards, accounted for the record high increase. The percentage gain in permitted pools was 31 per cent for each of the two previous years, 1950 and 1951. During 1952 the percentage gain was sharply accelerated to 43 per cent. In Table 54 may be seen the geographical distribution of pools under permit. At a glance it is seen that a great majority of these pools are on the lower East Coast; there being, in fact, some 79 per cent of the total located in that area. For a given county, the greater number are in Dade County of which the most are in turn at Miami Beach.

TABLE 53  
PUBLIC WATER SUPPLY PROJECTS APPROVED—1952

Municipality	Project	Est. Cost
Arlington	Aeration and chlorination	\$ 23,819.00*
Arlington	Temporary Pumping Station	14,000.00*
Arlington (Duval County)	Water main extensions	4,000.00*
Arlington (Riverwood Park S/D)	Water main extensions	5,000.00*
Arlington (Arlington Manor S/D)	Water system	40,000.00*
Bonifay	Additions to Plant (See 1950 Report)	166,000.00**
Bunnell (Lehigh Portland Cement Co.)	Water system	10,000.00**
Clermont	Water plant improvement	5,000.00**
Clearwater (Pineridge S/D)	Water main extensions	10,000.00**
Clearwater (Highlands Shores S/D)	Water main extensions	5,000.00**
Clearwater (Salls S/D)	Water main extension	5,000.00*
Clearwater (Grace Moor S/D)	Water mains	5,000.00*
Clearwater (Brookside S/D)	Water main extensions	4,000.00*
Clearwater (Marymount S/D)	Water main extensions	6,000.00*
Clearwater (Downing S/D)	Water main extensions	5,000.00*
Clearwater (Pinebrook S/D)	Distribution extensions	2,000.00**
Cocoa	Water plant improvements	150,000.00*
Cocoa (Broadmoor Acres S/D)	Water system	25,000.00**
Dade County (North Shore Hospital)	Water system	10,000.00**
Dade County (Naranga Park S/D)	Water system	35,000.00**
DeFuniak Springs	6" water main extension	21,000.00**
Delray Beach	Water plant improvements	50,000.00*
Delray Beach	Relocation of elevated tank	23,475.00*

TABLE 53—Continued  
PUBLIC WATER SUPPLY PROJECTS APPROVED—1952

Municipality	Project	Est. Cost
Eglin Field (Okaloosa Co.)	Water main extensions	\$ 45,000.00**
Eau Gallie (Loveridge Hts. S/D)	Water main extensions	10,000.00*
Ft. Lauderdale	Water main extensions	1,750.00**
Ft. Lauderdale	Water main extensions	303,500.00*
Ft. Lauderdale (Lauderdale-By-The-Sea)	Water distribution system	275,000.00*
Ft. Lauderdale	Water main extensions	300,000.00*
Ft. Lauderdale	Water plant improvements	480,000.00*
Ft. Lauderdale	Well field electrical distribution	20,000.00*
Ft. Lauderdale	Water main extensions	200,000.00*
Ft. Lauderdale	Water main extensions	85,000.00*
Ft. Lauderdale	Water main extensions	1,200,000.00*
Ft. Lauderdale (Plantation S/D)	Water works improvements	50,000.00*
Ft. Lauderdale (Port Everglades)	Water main extensions	70,000.00*
Ft. Lauderdale (Melrose Park)	Water main extensions	90,000.00*
Ft. Lauderdale (Harbor Beach S/D)	Water main extensions	1,500,000.00*
Ft. Myers (Country Club Estates S/D)	Distribution extensions	9,500.00**
Gainesville (Deborah Heights S/D)	Water main extensions	20,000.00*
Gonzalez (Escambia Co.)	Water main extensions	100,000.00**
Gonzalez (Escambia Co.)	Chemstrand water system	10,000.00*
Green Cove Springs (Magnolia Springs Housing Project)	Temporary water system	2,500.00*
Gulfport	Water system	9,500.00**
Gulfport	Water main extensions	6,000.00**
Gulfport (Pelican Creek S/D)	Water distribution system	6,000.00**
Hialeah	Relocate elevated storage tank	40,000.00**
Hialeah (Ricmar Heights and The Tropics)	Water main extensions	45,000.00*
Hillsborough Beach	Water system	143,808.40**
Holly Hill	Water distribution system	10,000.00*
Hollywood	Water Plant Improvements	900,000.00*
Hollywood	3 new water supply wells	15,000.00*
Hollywood	Additions to plant	390,950.00*
Homestead (Newport S/D)	Water distribution system	15,000.00**
Homestead (Held's S/D)	Water distribution system	11,875.00*
Interlachen	Water supply alterations	25,000.00*
Jacksonville	1/2 million gallon elevated storage tank*	127,000.00**
Jacksonville	New water supply well*	0**
Jacksonville	Norwood pumping station	0**
Jacksonville	ground storage reservoir*	65,242.00**
Jacksonville (Southside Estates S/D)	Water main extensions	2,000.00**
Jacksonville (Albemarle Park S/D)	Water system	1,000.00**
Jacksonville (Ollie Villa S/D)	Water main extensions	2,500.00**
Jacksonville (Venetian Terrace S/D)	New water system	10,000.00**
Jacksonville (Morningside On The St. Johns S/D)	Water system	31,000.00**
Jacksonville (Lake Shore Terrace S/D)	Water main extensions	40,000.00**
Jacksonville (Lake Lucina S/D)	Water system	16,500.00*
Jacksonville (Brackenridge S/D)	Water system	2,000.00**
Jacksonville (Lake Forest S/D)	Water main extensions	4,000.00**
Jacksonville (Edenfield Terrace S/D)	Water system	6,000.00**
Jacksonville (Cedar Forest S/D)	Water system	6,000.00**

\*Part of \$5,000,000.00 Water Works Improvement Project.



TABLE 53—Continued  
PUBLIC WATER SUPPLY PROJECTS APPROVED—1952

Municipality	Project	Est. Cost
Jacksonville (Magnolia Gardens S/D)	Water main extensions	\$ 30,070.00*
Jacksonville (Lake Forest S/D)	Water main extensions	2,000.00**
Jacksonville (Tide Water Ranch S/D)	Water system	3,000.00**
Jacksonville (Cedar Forest S/D)	Water system improvements	3,000.00*
Jacksonville (Acadia S/D)	Water system	3,500.00**
Jacksonville (Edenfield Terrace S/D)	Plant improvements	2,000.00**
Jacksonville (Oceanway School)	Water system	2,000.00**
Jacksonville (Southside Estates S/D)	Water main extensions	17,417.00*
Key West	Water system improvements	280,000.00*
Lakeland	Water supply additions	50,000.00**
Leesburg	Extensions to 2 well casings	4,000.00**
Melbourne (Magnolia Manor S/D)	Water system	25,675.00**
Miami Beach (75th Street Pumping Station)	New reservoir	70,394.00*
Miami (Bunche Park S/D)	Water main extension	18,000.00**
Miami (Markowitz Apartments)	Water system	5,000.00**
Miami (Leisure City)	Additions to water plant	20,000.00*
Miami (Tropical Estates S/D)	Water main extensions	200,000.00*
Miami (Biscayne Key Estates S/D)	New reservoir	10,000.00*
Miami (Broadmoor Hts. S/D)	Water main extensions	30,000.00*
Miami (International Airport)	Water main extensions	71,000.00*
Mt. Dora	Water plant improvements	275,000.00*
Naples	Water plant Addition	10,000.00*
Niceville	Water system improvements	36,800.00*
North Miami	New booster pump station	12,500.00*
North Miami	Water main extensions	17,000.00*
North Miami (Golf Estates S/D)	Water main extensions	41,467.00*
North Miami (Randall Park S/D)	Water main extensions	18,500.00*
Oakland Park	Water distribution system (See 1951 rep.)	170,000.00*
Ocala	Water main extensions	15,900.00*
Opa Locka	Water main extensions	18,000.00**
Opa Locka	Water main extensions	7,500.00**
Orange Park (Holly Point S/D)	New water plant	14,000.00*
Orlando	Additions to plant	2,488,719.00**
Orlando (Scotchman's Beach)	Water system	1,000.00*
Orlando (Venetian Villas)	Water system	4,500.00**
Pensacola	Water main extensions	750,000.00*
Pensacola	Water main extensions	50,000.00*
Pensacola (Casablanca S/D)	Temporary water system	12,000.00**
Pensacola (Harvester Village S/D)	Water system	40,000.00*
Pensacola (Casablanca S/D)	Water main extensions	20,000.00*
Pinellas County (Highland Lake S/D)	Water system	21,200.00*
Pinellas County	Water system improvement	130,000.00*
Pinellas County (Harbor Bluffs S/D)	Water distribution system	25,000.00*
Pompano Beach	Water works improvements	147,000.00*
Pompano Beach (Hillsborough Isles (S/D and Lighthouse Point S/D)	Water main extensions	30,000.00*
Sanford	Concrete aerator	6,500.00**
Sarasota	Water plant distribution system improvements	15,000.00**
Sarasota	Water main extensions	25,000.00*
Sarasota (Low Rent Housing Development)	Water main extensions	11,000.00*

TABLE 53—Continued  
PUBLIC WATER SUPPLY PROJECTS APPROVED—1952

Municipality	Project	Est. Cost
Sarasota	Water plant improvements	\$69,226.00*
St. Augustine	Water works improvements	75,000.00*
St. Augustine	Water plant improvements	306,000.00*
St. Augustine	Water supply well	10,000.00*
St. Petersburg	24" water main extension	100,000.00**
St. Petersburg	Wells and well pumping equipment	14,496.00**
St. Petersburg	8" water main extension	25,000.00*
St. Petersburg (Gulfport)	Water main extensions	10,000.00*
Tallahassee (Wellwood S/D)	Water system	10,000.00*
Tallahassee (Patricia Estates S/D)	Water main extensions	2,000.00**
Tampa (Central Park Village)	Water main extensions	60,000.00*
Tavares	Water main extension	6,000.00**
Titusville (Whispering Hills Golf Estates S/D)	Water system	7,215.00**
Trenton	Water plant additions	15,000.00**
Vero Beach	Water plant improvements	300,000.00**
Walton County (Blue Mountain Beach)	Water system	1,000.00**
Warrington	Water main extensions	25,000.00**
West Palm Beach	Water main extensions	150,000.00*
West Palm Beach (Golfview Heights S/D)	Water system	70,000.00*
White Springs	Water main extensions (colored school)	3,000.00*
Wildwood	New 10" water well	5,000.00**
Wilton Manor	Water Distribution system	98,160.00*
Winter Haven (Jan Phyl S/D)*	Water Distribution system	15,000.00*
Winter Haven (Hamor S/D)	Water system	5,000.00**
Winter Park (Oakland S/D)	Water system	5,000.00**
Total		\$13,963,658.40

\* Under Construction

\*\* Completed

0 Part of Plans For \$5,000,000 Extension Program for City of Jacksonville Approved February 28, 1947.

59 Completed

84 Under Construction

Following up activity for improving swimming pool operation inaugurated in the previous year, efforts have been continued in conjunction with Dade County Health Department which resulted in formation of an operators' association with prime purpose of in-service training of pool operation personnel. A voluntary plan of operator certification, based on appropriate qualifications, was virtually completed. The plan is scheduled for placing in effect early in the coming year.

New and proposed construction of public swimming pools in the state has continued at a greater rate even than for the previous year. Table 55 shows a list of such projects for which plans and specifications were approved by the department in 1952. The estimated cost total of



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\$2,433,055.00 of the 143 projects represents an increase in dollar volume of 76.5 per cent over the year before. Moreover, this represents an increase in number of projects of 72 per cent over that for 1951. (By contrast, the estimated value of new pool construction was about equal for both 1950 and 1951; although there was an increase of 28 per cent in number of projects in 1951 over the previous year. Average estimated cost of new pool work during the year was \$16,900.00 per unit, which is only slightly higher than such average (\$16,750.00) for 1951; and it reflects the continued trend in building pools at such as apartment houses, motels and motor courts which trend is also verified in review of the list which includes a great many of these smaller pools.

## Natural Bathing Places

There was a slight increase (about 8 per cent) in number of natural bathing place permits issued during the year as compared with 1951. Table 56 shows geographical distribution of the total of 42 such controlled recreational areas in the state, including the three new places listed in Bay, Dade and Polk Counties.

TABLE 54  
PERMITTED SWIMMING POOLS—1952

County	Locality	No. Permitted In Locality	No. Permitted In County
Alachua	Gainesville	2	2
Brevard	Melbourne	3	
	Melbourne Beach	1	
	Rockledge	1	5
Broward	Deerfield	1	
	Fort Lauderdale	26	
	Hollywood	6	
	Lauderdale-By-The-Sea	1	
	Pompano Beach	3	
	Pompano	3	40
Citrus	Inverness	1	1
Clay	Orange Park	1	1
Collier	Naples	1	1
Columbia	Lake City	2	2
Dade	Bal Harbour Village	1	
	Bay Harbor Island	2	
	Belle Isle	1	
	Biscayne Key	1	
	Coconut Grove	2	
	Coral Gables	6	
	Dade County	1	
	Hialeah	1	
	Homestead	1	
	Miami	33	
	Miami Beach	147	
	North Bay Village	1	
	North Miami	1	
	North Miami Beach	2	
	Opa Locka	1	

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TABLE 54—Continued  
PERMITTED SWIMMING POOLS—1952

County	Locality	No. Permitted In Locality	No. Permitted In County
	Sunny Isles	1	
	Surfside	9	
	Village of North Bay Isle	1	
	West Miami	1	214
Duval	Atlantic Beach	1	
	Jacksonville	7	9
	Jacksonville Beach	1	2
Hillsborough	Tampa	2	
Indian River	Vero Beach	1	1
Jackson	Graceville	1	1
Lake	Eustis	1	
	Leesburg	1	3
	Mount Dora	1	1
Lee	Fort Myers	1	1
Leon	Tallahassee	1	1
Marion	Ocala	1	
Martin	Hobe Sound	1	3
	Stuart	2	
Monroe	Greyhound Tropical Key	1	2
	Marathon	1	2
Orange	Orlando	2	
Palm Beach	Boca Raton	2	
	Boynton Beach	2	
	Delray Beach	2	
	Lake Worth	1	
	Pahokee	1	
	Palm Beach	11	
	Palm Beach Shores	1	
	Riviera Beach	4	27
	West Palm Beach	3	
Pinellas	Belleair	1	
	Don Cesar Place	1	
	Redington Beach	1	8
	St. Petersburg	5	
Polk	Lakeland	2	3
	Lake Wales	1	
St. Johns	Ponte Vedra	1	
	Velano Beach	1	4
	St. Augustine	2	4
St. Lucie	Fort Pierce	4	2
Sarasota	Sarasota	2	
Seminole	Oveido	1	
	Sanford	2	4
	Sanlando Springs	1	1
Taylor	Perry	1	
Volusia	Daytona Beach	6	
	Deland	1	9
	Ormond	2	1
Washington	Chipley	1	
TOTAL			355



TABLE 55  
PLANS AND SPECIFICATIONS APPROVED FOR PROPOSED  
PUBLIC SWIMMING POOLS—1952

Municipality	Project	Est. Cost
Bartow	City	\$ 38,000.00
Biscayne Key	Crandon Courts Motel	17,500.00
Biscayne Key	Crandon Court Apartments	25,000.00
Broward County	Conger	35,000.00
Broward County	Floranda Apartments	8,000.00
Cleveland	Pickering Lodge	10,000.00
Clewiston	Municipal	35,000.00
Coral Gables	Riviera Country Club (Filter Addition)	32,000.00
Coral Gables	Howard Apartments	10,000.00
Coral Gables	University Apartments	25,000.00
Coral Gables	Cabana Motel	15,000.00
Dade County	Maurice Motor Court	20,000.00
Dade County	Siems Brothers Motel	30,000.00
Dade County	Shangri-La Motel	20,000.00
Deerfield Beach	R. D. Johnson	5,600.00
Deerfield Beach	Deerfield Beach Motel	15,000.00
Delray Beach	Talbot Apartments	8,000.00
Ft. Lauderdale	Fleetwood Apartments	15,000.00
Ft. Lauderdale	C. K. Walker	10,000.00
Ft. Lauderdale	F. R. Davis	10,000.00
Ft. Lauderdale	Pool Plaza	5,000.00
Ft. Lauderdale	Coral Plaza Motel	15,000.00
Ft. Lauderdale	Marlin Beach Hotel	12,000.00
Ft. Lauderdale	Adobe Hacienda	4,500.00
Ft. Lauderdale	Largo Mar—Unit #2	16,000.00
Ft. Lauderdale	E. Kreiger	6,000.00
Ft. Lauderdale	Shell Drake Apartments	7,100.00
Ft. Lauderdale	Cadillac Apartments	7,500.00
Ft. Lauderdale	Bali-Cove Hotel	18,000.00
Ft. Lauderdale	Smith Apartments	6,500.00
Ft. Lauderdale	Martindale Apartments	7,000.00
Ft. Lauderdale	Weymer and Martin Apartments	6,000.00
Ft. Lauderdale	Warrington Apartments	10,000.00
Ft. Lauderdale	Warrington Apartments	10,000.00
Ft. Lauderdale	Coral Savoy Inn	10,000.00
Ft. Lauderdale	Porraro Apartments	10,000.00
Ft. Lauderdale	The Evertz Apartments	8,000.00
Ft. Lauderdale	The Century East Apartments	8,500.00
Gainesville	Gainesville Country Club	25,000.00
Green Cove Springs	U. S. Naval Base	25,000.00
Gulfstream	Inglehart Apartments	12,000.00
Gulfstream	Jamaica Square Apartments	10,000.00
Hallandale	Carioca Apartments	10,000.00
Hallandale	The Seabanks	9,800.00
Hollywood	Surf and Spray Apartments	6,000.00
Hollywood	The Marquardt Apartments	9,000.00
Hollywood	Surf Hotel	20,000.00
Hollywood	The Walter Ubertino Apartments	6,055.00
Hollywood Beach	Greenfield Apartments	12,000.00
Indian River County	Kenmore Motor Court	\$ 10,000.00
Jacksonville	Colonial Hotel Courts	15,000.00
Jacksonville	Church of the Good Shepherd (Addition)	2,500.00
Juno Beach	Harry Gordon	15,000.00

TABLE 55—Continued  
PLANS AND SPECIFICATIONS APPROVED FOR PROPOSED  
PUBLIC SWIMMING POOLS—1952

Municipality	Project	Est. Cost
Juno Beach	Juno Ranch Hotel	19,000.00
Lake City	McKinnon Tourist Court	12,000.00
Lake City	Holliday	20,000.00
Lake Worth	Holliday House	7,500.00
Miami	Royal Palm Homes	15,000.00
Miami	Mariner	20,000.00
Miami	Booker "T"	17,000.00
Miami	Langlois Apartments	8,000.00
Miami	Magnolia Apartments (Alterations)	2,000.00
Miami	Dade County Society for Crippled Children	9,000.00
Miami	Redix Holliday House (Alterations)	2,000.00
Miami	Biltmore Gardens Trailer Park	11,500.00
Miami	Eldoro Motel	10,000.00
Miami	Bruce Merrit	20,000.00
Miami	Casa Loma Motel	10,000.00
Miami	Morningside Park	160,000.00
Miami	Judge Richard Hunt Apartments	15,000.00
Miami	Miami Heights Tourist Court	15,000.00
Miami	Miami Country & Day & Resident School for Boys	30,000.00
Miami	Boys Club of Miami	25,000.00
Miami Beach	Alden Hotel (2925 Indian Creek Drive)	20,000.00
Miami Beach	Indian Creek Hotel (2727 Indian Creek Drive)	20,000.00
Miami Beach	Netherlands Hotel	25,000.00
Miami Beach	Mantell Plaza Hotel	15,000.00
Miami Beach	Boulevard Hotel	20,000.00
Miami Beach	Biscayne Beach and Pool Cabana	25,000.00
Miami Beach	Nautilus Hotel	4,000.00
Miami Beach	Bel-Aire Hotel	20,000.00
Miami Beach	Nautilus Hotel (new filter system)	10,000.00
Miami Beach	Sans Souci Hotel	20,000.00
Miami Beach	Sandy Shores Motel	12,000.00
Miami Beach	52-Unit Apartment	25,000.00
Miami Beach	Algiers Hotel	35,000.00
Miami Beach	Ocean Haven Hotel	10,000.00
Miami Beach	The Haddon Hall Hotel	25,000.00
Miami Beach	Samilda Apartments	20,000.00
Miami Beach	Flora Isle Apartments	12,000.00
Miami Beach	Jefferson Hotel	20,000.00
Miami Beach	Blue Grass Motel	25,000.00
Miami Beach	Lido Beach Motel	20,000.00
Miami Beach	Key Biscayne Hotel	50,000.00
Miami Beach	The Haddon Hall Motel	25,000.00
Miami Beach	Broadripple Hotel	30,000.00
Miami Beach	Kimberly Hotel (new filter system)	3,000.00
Miami Beach	Sombrero Motel	10,000.00
Miami Beach	Poinciana Hotel	40,000.00
Miami Beach	The Patrician Hotel	20,000.00
Miami Beach	The Belmar Hotel (new filter system)	10,000.00
Miami Beach	Kogen and Goodrich	15,000.00
Miami Beach	Argosy Motel	15,000.00



TABLE 55—Continued  
PLANS AND SPECIFICATIONS APPROVED FOR PROPOSED  
PUBLIC SWIMMING POOLS—1952

Municipality	Project	Est. Cost
Miami Beach	The Sea Gull Hotel	5,000.00
Miami Beach	Ocean Front Hotel	40,000.00
Miami Beach	International Apartments	15,000.00
Miami Beach	Empress Hotel	35,000.00
Miami Beach	Malaluka Apartments	15,000.00
Miami Beach	Belmar Hotel (new filter system)	5,000.00
Miami Beach	Bayside Apartments	20,000.00
Miami Springs	Traveler's Hotel	15,000.00
Miami Springs	Gateway Hotel	12,000.00
North Bay Village	Sea and Sun Motel	25,000.00
North Miami	Bal Harbour Club	20,000.00
North Miami	Diamond Court Apartments	20,000.00
North Miami Beach	Coral Seas Motel	20,000.00
Ocala	Mt. Vernon Motel	15,000.00
Ocala	Mt. Vernon Motor Court	20,000.00
Ocala	Carl Adams	10,000.00
Orlando	Coliseum (filter system added)	7,500.00
Okeechobee	Municipal Pool	24,000.00
Palm Beach	Ambassador Hotel and Apartments	20,000.00
Palm Beach	Riviera Apartments	15,000.00
Palm Beach	Poray Apartments	14,000.00
Pompano Beach	Sea Garden Hotel	18,000.00
Pompano Beach	Sea Colony, Inc.	6,500.00
Pinellas County	Sea Captain Apartments	10,000.00
Riviera Beach	Yacht Harbor Estates	5,000.00
Riviera Beach	Spanish Courts Motel	15,000.00
Sarasota	Surf View Hotel	19,000.00
St. Augustine	Palm Motor Court	15,000.00
St. Augustine	Hotel Ponce de Leon	10,000.00
St. Petersburg	Hotel Rellim, Inc.	20,000.00
St. Petersburg	Lakewood Country Club	39,000.00
St. Petersburg	El Rancho Motel	10,000.00
South Daytona	Sun Ranch Motor Court	14,000.00
South Miami	University Court Motel	15,000.00
Stuart	Pelican Hotel	20,000.00
Surfside	Sunny Seas #1 Apartments	30,000.00
Surfside	Collins Corporation	20,000.00
West Palm Beach	Y.M.C.A. (additions)	10,000.00
West Palm Beach	Cabana Motel	15,000.00
Winter Garden	Municipal (alterations)	1,500.00
		<b>\$2,433,055.00</b>

TABLE 56  
PERMITTED NATURAL BATHING PLACES—1952

County	No. Permitted In County
Alachua	2
Bay	1
Broward	2
Clay	8
Dade	1
Escambia	1
Franklin	1
Hamilton	1
Highlands	1
Hillsborough	3
Leon	3
Liberty	2
Marion	2
Martin	1
Nassau	1
Orange	3
Palm Beach	1
Pinellas	2
Polk	1
Seminole	4
Wakulla	1
<b>TOTAL</b>	<b>42</b>

Definite regulations and procedure of the department pertaining to these recreational areas or bathing places continued in effect. Upon receipt of application, field work is accomplished by personnel of accredited local health department or regional sanitary engineer. Sanitary survey of the site is made and if found satisfactory or such that it can be brought up to standard, the recreation waters are surveyed bacteriologically. Upon compliance with standards for both the bathing waters and sanitary facilities, a permit is issued; and it remains valid so long as standards are complied with.

#### Public Water Supply Wells

A rather marked increase in number of permits issued for construction of water supply wells for public use was seen in 1952. The department issued a total of 190 such permits, representing 216 per cent of the total (88) water well permits issued in the previous year; which evidences continued improved cooperation of the well drilling industry.

#### Bottled Water Plants

Reference to Table 57 will show a total of 34 bottled drinking water establishments under permit by the department during the year. Sanitary regulations continued unchanged. Accredited local health unit personnel together with the department's regional sanitary engineers performed field inspections involved, submitting reports and appropriate



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recommendations to the central office for consideration as basis of issuing permits for plants in the state.

**TABLE 57**  
**LIST OF PERMITTED BOTTLED WATER PLANTS, STATE OF FLORIDA, 1952**

County	Name	Location	Permit No.
Alachua	Magnesia Springs Water Co.	Gainesville	58
Bradford	Hilbron Mineral Water Co.	Starke	4-1
Broward	Curlaw Wells	Pompano	23
Dade	Crystal Springs Water Co.	Miami	5
	Tripure Products Co.	Miami	3
Duval	Good Hope Water Co.	Jacksonville	45
Hillsborough	Florida Deep Rock Water Co.	Tampa	29-4
	Crystal-Polar Water Co.	Tampa	34
	Purity Springs Water Co.	Tampa	35
Indian River	Vero Beach Ice & Storage Co., Inc.	Vero Beach	31-1
Lee	S. W. Fla. Distributors, Inc.	Ft. Myers	50
Manatee	Shorelands Deep Rock	Palma Sola	22
Martin	Jensen Pure Water Co.	Jensen Beach	43-1
Orange	Polar Water Co.	Orlando	20
Palm Beach	Crystal Rock Water Co.	Lake Worth	17
	Deep Rock Water Co.	West Palm Beach	41
	Klear Water Co.	Delray Beach	7
Pinellas	Misto Water Co.	St. Petersburg	87
	Safety Harbor Spa	Safety Harbor	89
Polk	Crystal Pure Water Co.	Lakeland	53-1
St. Johns	Polar Water & Beverage Co.	St. Augustine	11
	Perfection Water Co.	St. Augustine	95
St. Lucie	White Ridge Water Co.	Ft. Pierce	49
Sarasota	Perfection Water Co.	Sarasota	44
	Pinehurst Spring Water Co.	Sarasota	52
Seminole	Elder Springs Water Co.	Sanford	31
Taylor	Fenholloway Springs Water Co.	Perry	53
Volusia	Flamingo Water Co.	New Smyrna Beach	19
	Orange City Water Co.	Orange City	1

**LIST OF OUT-OF-STATE PERMITTED BOTTLED WATER PLANTS 1952**

State	Name	Location	Permit No.
Arkansas	Mountain Valley Spring Co.	Hot Springs	OS-2
Maine	Poland Springs Water	Poland Springs	OS-1
New York	Saratoga Springs Authority	Saratoga Springs	OS-3
New York	Kalak Water Co.	Brooklyn	OS-4
New York	Browne Vintners Co.	Paris, France	OS-5

With regard to out-of-state water bottlers distributing their respective products in Florida, the list carries a total of five such firms. The state health departments of the several states where these plants are located were relied upon in making inspections and forwarding reports on the sanitary condition of each.

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### Common Carrier Water Supply and Watering Point Sanitation

Activity connected with the cooperative agreement with the United States Public Health Service involving sanitary regulation of water placed aboard railway trains, vessels and aircraft for the consuming public and employees travelling and employed on such carriers operating in interstate traffic, continued during 1952. As in the past, standards of the Public Health Service serve as a guide in performing field work and reviewing laboratory analytical results incident to this program.

Two phases of sanitary control continued to apply with regard to the common carrier water program: (1) The water supply at its source and (2) methods and facilities used at watering points in servicing the carriers. Field work is done by regional or county engineers. Reports are coordinated and laboratory results reviewed in the central office; and reports and appropriate recommendations for prohibition or certification forwarded to Atlanta regional office of the Service for further action by that agency.

**TABLE 58**  
**1952**  
**COMMON CARRIER INSPECTIONS**

	Water Supply				Watering Point			
	App.	Prov.	Proh.	Dis.	App.	Prov.	Proh.	Dis.
Railroads	19	1	0	0	35	1	0	1
Steamships	5	0	2	0	42	3	0	0
Air Carriers	4	1	0	0	15	2	0	0
Buses	0	0	0	0	0	0	0	0
TOTALS	29	2	2	0	92	6	0	1

### SEAFOOD SANITATION

#### General

During 1952 inspections of shellfish houses were made with the same frequency as during the previous year. Laboratory activities were increased. More bacteriological samples of oyster-growing water, of oyster meats and of crabmeat were tested in the State Board of Health's Apalachicola laboratory. Allied sanitation activities were also stepped up. As in the previous year, the shellfish sanitation activities were carried out by the staff of two field sanitarians and one sanitarian in the laboratory.

#### Oysters

The 1952 season saw a major change in the Florida oyster industry. The Apalachicola Bay producers located in Eastpoint and in Apalachicola found that they had a better market for shellstock (oysters still in their shells) than for bucket stock (oysters which have been shucked).



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As a result there was less handling of oysters in the oyster houses, which eased the sanitation burden for the operators of the houses and the public health hazards for the consumers.

Major activity with the oyster industry was in the Apalachicola Bay area, where the bulk of Florida's oysters were produced. In addition a few oysters were produced from the East Coast and from the Gulf Coast. Fewer oysters than in former years were shucked in the rest of the State because of the extremely small size of the oysters, limiting their market value.

By daily sampling of the water in Apalachicola Bay and testing of this water bacteriologically in the State Board of Health's Apalachicola laboratory, it was possible to keep a very close check on the oyster-growing water in the Bay. It was possible for several weeks to open a normally closed portion of the Bay for oyster tonging. As a result, opening this portion of the Bay materially aided the industry financially.

Sanitation standards attained in former years were maintained and in addition for the first year hot water cleaning was used in all oyster houses. The U. S. Public Health Service made its annual survey of the shellfish sanitation activities by members of the bureau and the report of the survey showed that the staff was able to maintain higher sanitation standards in the plants than in any previous year.

### Crustacea

Major activity with crustacea was the inspection of plants where blue crabs were cooked and picked. It was difficult to maintain sanitary standards within the plants because of the fact that the price of crabmeat was so low that the industry had a sporadic operation. Toward the end of the year high prices for the meat saw increased activity in the crabmeat houses which, in turn, was reflected in better sanitation practices in the plants.

### Scallops

Scallop production during 1952 was very low. Although several shucking houses were issued permits, few scallops were shucked in these houses for market. There was some sporadic production in the Pinellas County area for the first time in several years.

### Clams

During 1952 no clams were shucked in certified houses, although several certificates were issued. For the last few years clam production has fallen off each year.

### Other Agencies

A closer working relationship was maintained with the Oyster Division of the State Conservation Commission working with the oyster industry

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in the Apalachicola Bay area and in the Crystal River area. The State Board of Conservation again during 1952 provided patrol activities in the condemned areas, and several times during the year aided greatly by stopping oyster-gathering in polluted water.

### Other Activities

There was an increase in the activity of the staff members in allied fields. A paper was written about the bacteriological results determined in the Apalachicola Bay laboratory during the last two years. The paper was presented at the Gulf and Caribbean Fisheries Institute.

Training in food handling sanitation and shellfish sanitation was carried out on several occasions at the Training Center at Gainesville.

Training of sanitarians was also aided by activity with the Sanitarian Short Course at the University of Florida.

Aid was given in several county health departments with their food handling programs and with surveys of county food handling programs.

A pollution survey was completed on the twenty-three mile section of the St. Johns River between Jacksonville and the Atlantic Ocean. The survey was for the purpose of finding the effect of the St. Johns River on nearby oyster-growing areas.

Civil defense activities were increased, giving talks about the radiation hazards from the detonation of atomic weapons and the decontamination procedures following disasters. This activity was climaxed with a three-week Statewide tour giving these talks.

Investigations were also made about the sanitation standards and the quality of seafoods other than those already listed.

TABLE 59  
SUMMARY OF ACTIVITIES—SHELLFISH PLANTS

Description	Operating Certificates Issued	State Inspections Made	New Plants Constructed	Plants Re- modeled or Additions
Oyster Shucking and Packing	51	758	4	3
Oyster Shellstock only	11	69	—	—
Clam Shucking and Packing	6	13	—	—
Scallop Shucking and Packing	14	23	—	—
Crabmeat Picking and Packing	37	366	5	3

### ADDITIONAL ACTIVITIES IN RELATIONSHIP TO SHELLFISH

Oyster growing area pollution surveys	2
Oyster growing area water samples bacteriologically tested	1603
Oyster meat samples bacteriologically tested	865
Crabmeat samples bacteriologically tested	420
Lectures and talks made	24
Audience total	742
Drinking water samples bacteriologically tested	111
Food samples bacteriologically tested	14



## FOOD HANDLERS' TRAINING PROGRAM

In 1952, the number of training programs conducted cooperatively with county health units were reduced. The State Board of Health continued to conduct training programs for county health departments and other agencies upon request, but the year may be characterized by an increased emphasis placed on the primary goal of this service—assistance to counties and communities in the development of permanent food service educational programs as effective instruments in the accomplishment of food sanitation objectives.

Twenty-two regular programs were conducted with health departments in fifteen counties with a total of 1,988 food service personnel certified, which represents 86.5 per cent of the persons enrolled at first sessions. More than 10 per cent of those issued Food Service Instruction Certificates as completing the basic six hour course were in the supervisory category. These programs were not given as much promotional attention as was given programs in the past, when a certain effort was made to create a consciousness in the State to the need for improved food service sanitation through the medium of education. It was felt that the program had achieved a reasonable measure of success in this phase of its purpose. It was felt also that more direct instruction could be presented this year by placing some limits on the number of people who attended the courses. This was accomplished principally by curtailing attendance promotion through the press and radio and by adopting the practice to leave the holding of preliminary meetings of operators to the discretion of the counties.

In nine Permanent Food Handler Training Programs operated under the auspices of county health departments 4,423 certificates were issued. Attempts were made to reactivate the programs established in Leon, Orange and Polk Counties, but the same problems remain—lack of personnel, insufficient funds and the inability to carry on the training service with the existing sanitation duties. However, it is anticipated that the training service will be offered in these sections of the state in 1953. In Polk County 170 certificates were issued through the Health Department as a result of two special programs conducted for school lunch personnel. State Board of Health certificates were presented by the Leon County Health Department to 18 hospital food service personnel at the close of a basic food sanitation course given by the Department of Restaurant and Hotel Management at Florida State University. The Jacksonville City Health Department Food Handlers Training Program had 250 certifications.

One hundred and eighty-nine (189) establishments received special awards for having eighty per cent of their employees certified.

TABLE 60  
FOOD HANDLERS' TRAINING PROGRAM CERTIFICATIONS, 1952

Program	Certifications
Regular State Programs .....	1988
Permanent County Programs .....	(4423)
Bay .....	190
Broward .....	42
Dade .....	2932
Escambia .....	40
Hillsborough .....	229
Palm Beach .....	79
Pinellas .....	344
District — Indian River — Martin —	
Okeechobee — St. Lucie .....	317
City of Jacksonville .....	250
Leon County Special Program .....	18
T. B. Hospitals .....	56
U. S. Navy — Jacksonville and Green Cove Springs .....	795
Total.....	7280

During the year a number of visits were made to counties to encourage the organization of permanent programs. A tri-county program has been set up for Holmes, Okaloosa and Walton and another tri-county activity was planned for Glades, Hendry and Highlands. A third Tri-county arrangement is being developed for Jefferson, Madison and Taylor Counties. Calhoun, Gadsden and Liberty Counties are interested in a similar service on a joint basis. These district programs will operate in 1953 with courses presented in each of the counties on alternate months. This work has entailed a series of conferences with health department staffs, the development of program organization and operation, the outlining of course content and individual direction in subject presentation together with the preparation of material.

In 1952, the permanent programs conducted by Bay, Escambia, Pinellas, and the district program of Indian River, Martin, Okeechobee and St. Lucie Counties were observed in operation and recommendations for improvement were submitted for consideration.

A liaison has been maintained with the School Lunch Program of the State Department of Education since the State Board of Health initiated its Food Handlers Training Program. School lunch personnel who completed its regular food service sanitation courses conducted in counties are given six hour credit toward their in-service training requirements. However, in 1952 four special instruction programs were held for 225 school lunch workers in Columbia, Hernando, Lake and Polk Counties. In addition, through a series of meetings with the School Lunch Consultants in Tallahassee and the State Board of Health School Health Consultant a proposed School Lunch Sanitation and Safety Manual was prepared.

In keeping with a request from the State Tuberculosis Board in 1951 that training programs be developed for each of its institutions, the



Northwest Tuberculosis Hospital was served this current year. Consultation service has been rendered the Board in the solution of its food sanitation problems and assistance has been given the T. B. Hospital Food Service surveys conducted by Hillsborough County and Palm Beach County Health Departments.

Training activities with the Military Services in 1952 included a joint program at the Jacksonville Naval Air Station with Clay and Duval Counties participating. This activity certified 598 Navy and civilian personnel. Another joint program was conducted at the Green Cove Springs Naval Station under the sponsorship of the Clay County Health Department with 187 certifications. The instruction load of these programs was carried by the military people. An open forum on food service problems was held in both instances, which proved beneficial to the attenders. This device has been used in a number of programs presented in the State.

One satisfying result of the work with the military services is the fact that the Jacksonville Naval Air Station has established a permanent Food Handlers Training Program with the assistance of the Florida State Board of Health. In order to carry on the program forty key personnel were selected and given intensive instructor training. Another interesting military development is the participation of the U. S. Air Force in the Tri-County program organized for Holmes, Okaloosa and Walton counties and the support it has given the food service sanitation educational efforts of the Bay County Health Department.

To acquaint public health people and workers of the food service industry with the availability of food service educational material, and at the same time encourage support for the development of local training programs, four exhibits were staged in the State during 1952, in St. Petersburg, at the University of Florida, at the Sanitation meeting prior to the Florida Public Health Association Conference, Jacksonville, and at the Pan-American Restaurant Exposition and Business Clinic, Miami.

In May, June, August and November, courses in food sanitation were presented sanitarians at the Florida State Board of Health Training Center, Gainesville.

Besides these functions, plans of food service facilities were reviewed for hospitals and school cafeterias. In addition, an issue of Health Notes was prepared.

A number of requests were received by the State Board of Health for information on its Food Handlers Training Program and food sanitation work. These inquiries came from interested individuals and institutions in the country as well as Bristol, England, and Santiago, Chile.

Among the major meetings attended this year were the Interstate Sanitation Seminar, Charleston, S. C., Naval Food Symposium, Jacksonville, the National Association of Sanitarians Sixteenth Annual Edu-

cational Conference, Denver; the South Carolina Public Health Association Conference, Columbia, South Carolina, and the Pan-American Restaurant and Hotel Exposition and Business Clinic, Miami.

TABLE 61  
SUMMARY OF ACTIVITIES

<b>A. Regular Programs</b>		
1. Food Handler Programs conducted in 15 counties		22
2. First day registrations		2,297
3. Individual Certificates issued		1,988
4. Special awards issued establishments with 80 per cent employees certified	86.5%	189
5. First day registrants certified *		
6. Additional Programs established in counties (Tri-county Programs)		2
<b>B. Joint Military Programs — U. S. Navy</b>		
1. Programs conducted		3
2. Naval personnel certified		795
3. Civilian workers certified		48
4. Permanent Programs established		1
<b>C. Special Programs</b>		
1. Tuberculosis Hospitals		
(a) Programs conducted		1
(b) Individual certificates issued		56
(c) Establishment certificates issued		1
2. School Lunch Departments		
(a) Programs conducted		4
(b) Individual certificates issued		170
<b>D. Permanent Programs:</b>		
1. Programs established and operating		9
2. Programs suspended		3
3. Total certifications		4,423

\* NOTE: First day registrations alone are indicated since certificates are issued upon completion of all sessions of the three-day course.

## DRAFTING

### General

The services performed in the drafting section of the Bureau of Sanitary Engineering during the year 1952 consisted of the usual routine activities of recording, processing and filing of the numerous plans of projects approved or reviewed by the Bureau and the reproduction of the various drawings on the Ozalid machine. Other activities somewhat routine in nature were the preparation of maps, charts, graphs needed to accompany and illustrate Engineers' Reports, Surveys and Publications.

As illustrated by the accompanying Figure 6, the activities and services required of the Drafting Section continued the trend established several years ago wherein the work-volume increase has been tremendous. These conditions and the performance of urgent activities, somewhat afield,



created critical periods during the year from the standpoint of work-volume to personnel.

### Special Activities

The year 1952, in general retrospect, was essentially a very busy year not only because of the increase in integrated bureau work but because of considerable time devoted to preliminary planning in connection with a new building program. The drafting section, for several months was engaged in the collection and dissemination of data and the preparation of basic floor layouts that were needed in the preparation of contract drawings for the proposed new laboratory building. In this connection also was the assignment of coordinating and preparing a comprehensive site survey of the State Board of Health property and grounds. This survey included sub-soil examination and investigation, accurate topography and other data pertinent to the preliminary planning phase of the program.

In addition to the performance of these activities, the section has continued, to a limited extent, to assist the Division of Entomology in the drafting and reproduction of material needed in that particular field.

### Surveys and Reports

The following is a list of major surveys, projects, and reports for which drawings were developed in the drafting room in 1952:

1. Sanitary Survey—Unincorporated areas surrounding Orlando,
2. Trickling filter plans for citrus waste pilot plant,
3. Palm River Pollution Survey—(Industrial Waste),
4. Boca Ciega Bay Pollution Survey,
5. Peace and Alafia River (September-October phase),
6. Lake Eloise Pollution Survey,
7. St. Johns River Pollution Survey (Supplementary),
8. Detailed floor layouts and elevations of all specialized laboratory space in the proposed new laboratory building,
9. Site survey in connection with the building program.

### Records

*Plans Processed:* Municipal water and sewerage\* 245, Tourist and trailer camps 77, Septic tanks 35, Swimming pools 143, Industrial waste projects 6, Institutions 1, and schools 94, for a total of 600.

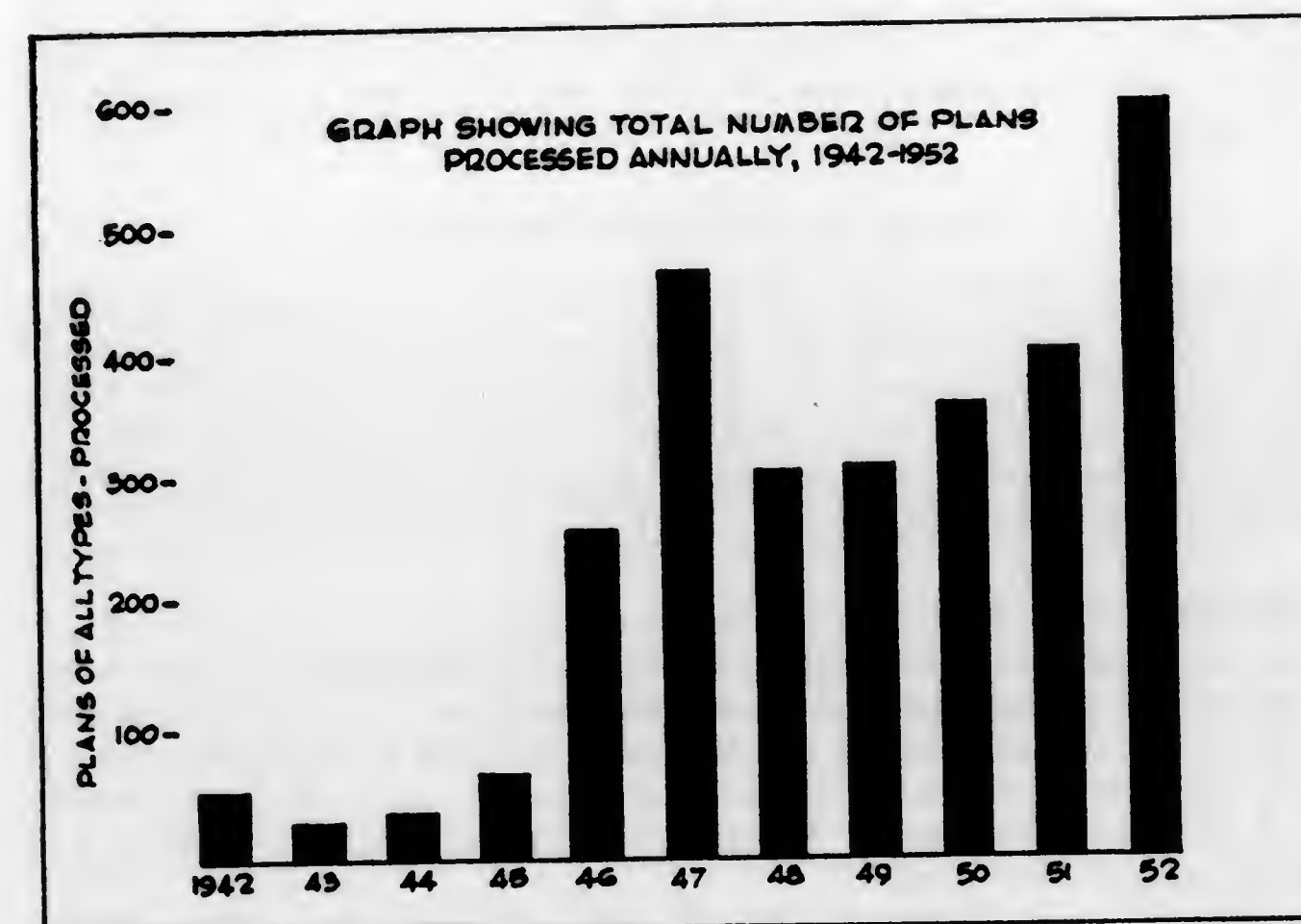
As shown in the above tabulation, a total of six hundred separate sets of plans were processed in the drafting section in 1952. These plans represent the various types of projects that must comply with the regulations of the State Sanitary Code and therefore it is required that they be submitted to the Bureau for State Board of Health approval. The processing of these plans, after appropriate action has been taken

\* Numerous subdivision sewerage and water systems in fringe areas are included in this figure.

by other sections of the Bureau, consists of recording, documentary approving, and filing. Some knowledge as to the size of this task may be obtained by noting figures in terms of estimated costs of individual projects that appear in other sections of this report.

It is felt that many potentially important ideas and projects were never carried to the drawing board stage during the year because of obvious shortage of time due to the performance of special activities having definite priority status.

FIGURE 6





## DIVISION OF ENTOMOLOGY

J. A. MULRENNAN, B.S.A. Director

The division has continued to carry on surveillance over all types of arthropod-borne diseases in the State. The only disease of any consequence encountered during the year was encephalitis. The disease is being reported on for the first time. It could very well build up to become one of major importance if not carefully watched.

A considerable amount of time and effort was expended on the creation of mosquito control districts during the past year. Four new districts were voted in at Panama City Beach, Boca Grande, East Duval County and East Flagler County. This makes a total of 24 districts for the State.

## STRUCTURAL PEST CONTROL

During the past year, the pest control industry has cooperated in the enforcement of the Florida Structural Pest Control Law, the thermal-aerosol law and the rules and regulations pertaining to these laws. There were, however, several rules which were being violated. The most important of these violations was failure to place guards during the process of tent fumigation jobs.

## Investigations

As in previous years, various complaints have been received from homeowners throughout the State. The number of complaints showed a slight increase of from 29 in 1951 to 35 in 1952. A majority of these complaints were against termite control firms which did not live up to their written contracts. These complaints were all investigated and proper adjustments made.

Two uncertified individuals were warned to cease illegal pest control work or have legal action taken against them. Two uncertified individuals were arrested during the year for illegally performing termite control. Both of these parties estreated a total of \$400.00 in bonds.

One death was investigated, which was apparently caused by methyl bromide tent fumigation. The pest control firm involved was absolved of all blame by the court.

## Registrations

Registrations of structural pest control firms have continued throughout the calendar year as follows:

Licenses issued during 1952 .....	173
Identification cards issued during 1952 .....	671
Thermal-aerosol certificates of authorization issued during 1952	3
Thermal-aerosol certificates of authorization renewed during 1952	19

## LABORATORY ACTIVITIES

The Entomological Laboratory, affording state-wide services, identified and reported 11,713,848 adult and larval forms of mosquitoes. Sixty-eight light traps were operated at least twice weekly in 27 counties in connection with a sampling program to secure information on the mosquito fauna. In addition, numerous other light traps and conventional and experimental methods of mosquito collection were utilized in dispersal studies of *Aedes taeniorhynchus*.

In conjunction with a murine typhus survey of the domestic rodent population in fifteen counties, 1624 flea ectoparasites were identified from 992 rats.

The laboratory has in addition accommodated numerous requests for identification and control recommendations relating to arthropod specimens submitted from many sections of the State.

## ENCEPHALOMYELITIS

Seventy-two cases of equine encephalomyelitis, all fatal, are known to have occurred among horses. Clinical symptoms and laboratory specimens indicated the Eastern strain of equine encephalomyelitis virus. The typical history is sudden onset with a temperature of 5 to 6° above normal, staggering gait and walking in circles, relaxation of the facial muscles, pushing against solid objects with the head, followed by coma with walking movements of the limbs and death in 48 to 72 hours.

Both *Mansonia perturbans* and *Culiseta melanura* have been found naturally infected with the eastern strain of virus and these species are presumed to be involved in transmission. Several other species of mosquitoes, prevalent in the State, are proved laboratory vectors as well as other arthropods.

One human case of encephalomyelitis was proven to be of Eastern Equine origin. The grave potentials of this disease are magnified by the explosive outbreak of encephalitis which occurred in California during the year, which resulted in 743 cases and 49 deaths.

## MOSQUITO RESEARCH &amp; INVESTIGATIONS

The biological phases of mosquito research were concentrated on Florida's important salt-marsh mosquito, *Aedes taeniorhynchus*. Field investigations were conducted on Sanibel Island, in Fort Pierce, and in New Smyrna Beach; laboratory studies were made at the Archbold Biological Station in Lake Placid. Two releases of radioactive mosquitoes were made in 1952, one in June on Sanibel Island and one in September near Fort Pierce. The June release of a million and a half mosquitoes was made from the identical spot used for a similar release in August of 1951. In the latter case the average female migrated ten miles; in June, 1952, this average was only two and a half miles. Several clues to this drastic difference in dispersal are being pursued. The September re-



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lease of a million radioactive mosquitoes was made solely to test new techniques.

The year's research uncovered many new facts in the life history of this mosquito. Many of the factors governing the duration of the aquatic stages have been learned. The food and temperature relationships to rate of growth are very much as in other mosquitoes, but light plays a very strange role in the time table of development. The mosquito develops equally well and at the same rate in continuous light or in continuous and unbroken darkness. Yet if there is any kind of light cycle, i.e., alternation of light and dark, this cycle as related to egg-hatching time will definitely determine the hour within the light cycle (in nature this would be the time of day or night) when the larva will change into a pupa and when the pupa will change into an adult. This amazing situation is not only interesting but important, since there is abundant evidence that the hour of day or night when pupation and emergence occur determines the type of dispersal the adult will follow. It has been found that the adult is ready to leave the breeding area on its migration approximately 8 hours after emerging from the water. Since this "exodus" can occur only at night, it follows that (1) the adults can be anywhere from 8 to 20 hours old at the start of the migration, and (2) the first night of migration may be either a full night or a small part towards the end of the night. How all these things can fit into the pattern of dispersal for a brood of salt-marsh mosquitoes is becoming clearer as the research progresses.

Although 1952 brought very encouraging advances in piecing together the life history and behavior of this mosquito, the year's outstanding results were in a phase of research usually rather dull to the layman, viz. technique. One example only will be given: the technique of raising the millions of mosquitoes necessary for a dispersal test. The 1951 test had to wait until rain flooded a slough with a bottom rich in mosquito eggs. The June, 1952 Sanibel test revealed a way out of depending on uncontrollable rain. Sod rich in eggs was cut up, transported two miles to a shallow pool which had been pumped dry. After the sod had been laid on the bottom, water was pumped back into the pool and three million mosquito eggs hatched under controlled timing. The success of this method led to a much more astonishing feat for the September test. The latter called for 1½ million mosquito larvae in the Fort Pierce area. Egg-rich sod could not be located on short notice anywhere but on Sanibel Island, 200 miles away on the opposite coast, and rains had exhausted the egg supply there. A slough on the island was pumped dry and kept dry to induce egg laying in its sod. The mosquitoes cooperated so well that in ten days, the sod tested 2600 eggs per square foot—the equivalent of 113,256,000 eggs per acre. The necessary 640 square feet of such sod was then cut, placed on two trucks, and hauled to Fort Pierce. A month later, again under controlled timing, the sod was unloaded into specially dug pools and flooded. There resulted two million healthy larvae, over half of which were later marked with radio-phosphorus for the dispersal test.

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### TYPHUS FEVER CONTROL

The marked reduction in the number of recorded cases and deaths from murine typhus fever is evidenced in the accompanying table.

TABLE 62  
RECORDED CASES AND DEATHS FROM TYPHUS FEVER 1940-1952

Year	Cases	Deaths
1940	111	15
1941	196	13
1942	313	23
1943	314	21
1944	483	34
1945	370	28
1946	397	17
1947	340	8
1948	166	10
1949	123	3
1950	34	3
1951	20	1
1952	11	0
Total	2,878	176

This decline in typhus is attributed to a number of factors including DDT dusting programs to control vector ectoparasites, poisoning of rodents, ratproofing, removal of rodent harborages, improved garbage storage and disposal practices, improved therapy, and a continuously expanding educational program to confront the citizenry with the economic and health hazards of supporting rodents and the feasibility of their elimination. The widespread use of the new anti-coagulant rodenticide Warfarin shows promise in profoundly reducing the density of domestic rodents throughout the State.

Major emphasis by the division's personnel toward rodent and rodent-borne disease control has centered around: (1) education, (2) evaluation trapping to determine the incidence of typhus antibodies in domestic rodents and density of flea ectoparasites, (3) Warfarin poisoning campaigns and (4) emergency DDT dusting and other anti-rat measures in the immediate vicinity of suspected or proven cases of typhus.

Evaluation trapping of domestic rodents was carried out in fifteen counties. Specimens captured were combed to remove flea ectoparasites and a blood sample taken for serological examination. Results of this activity are shown in Table 63.

### MALARIA CONTROL

Considerable attention has been devoted to surveillance and epidemiological appraisal of reported or suspected cases of malaria. During the year, fifty cases were reported. All but one of these were either doubtful or of foreign origin; the latter principally involving Armed Forces returnees from Korea. One confirmed case of *vivax* malaria was



reported from Seffner, in Hillsborough County. This case involved a white male, age 25, with the onset occurring during the early part of October. This patient had no previous history of malaria. Investigation suggested the disease originated in the State although the patient had visited in the vicinity of Bainbridge, Georgia for several days during May, 1952.

TABLE 63  
RESULTS OF EVALUATION TRAPPING — TYPHUS CONTROL  
ACTIVITIES — 1952

County	Month	Premises			Oriental Rat Fleas				Number of Blood Specimens		
		Inspected	Infested	No. Rats Captured	No. Rats with	Total Oriental Fleas	Average for infested rats	Average for all rats	Examined	Positive	Negative
Citrus.....	Jan.	122	47	57	5	30	6.0	.526	55	0	55
Sarasota.....	Jan. Feb.	170	47	77	33	102	3.09	1.33	74	3	71
Jefferson.....	Feb. Mar.	134	72	88	2	2	1.0	.023	86	0	86
Liberty.....	Mar.	83	45	63	0	0	0.0	0.0	63	1	62
Bradford.....	Mar. April	129	86	48	1	2	2.0	.041	37	0	37
Holmes.....	April	186	84	64	3	12	4.0	.187	64	4	59
Levy.....	April May	149	71	80	9	58	6.4	.725	80	1	79
Madison.....	May June	150	65	82	14	273	19.5	3.33	82	3	77
Okaloosa.....	July	104	52	59	5	10	2.0	.169	57	6	45
Walton.....	Aug.	71	47	66	23	88	3.83	1.33	66	14	52
Palm Beach.....	Sept	157	41	59	15	52	3.47	0.88	55	1	52
Santa Rosa.....	Oct.	153	74	74	32	195	6.09	2.64	69	5	64
Highlands.....	Oct. Nov.	119	22	31	7	38	5.43	1.23	31	0	31
Pasco.....	Nov.	145	34	51	13	39	3	.67	47	1	46
Pinellas.....	Mar. May	168	77	93	29	117	4	1.26	48	1	47
Total or Average....		2,040	864	992	191	1,018	5.83	1.03	914	40	863

The increasing number of foreign acquired cases of malaria being brought into the State will necessitate continued close surveillance and selective treatment with DDT residual sprays of premises where cases occur. To date, our malaria vectors have shown no noticeable resistance to DDT. However, in anticipation of this possibility, the promiscuous use of residual DDT treatments is being discouraged to assure the potency of this approach in the event of a resurgence of malaria.

Articles by staff members:

1. Goulding, R. L., Curran, R. F. and Labrecque, G. C. Field tests of insecticides for the control of the salt-marsh sand fly, *Culicoides furens* Poey. Florida Anti-Mosquito Association, Report of the 23rd annual meeting, March 1952, p. 67.
2. Lieux, D. B., Treadwell, J. H. and Braddock, W. B. Comparison of ground and aerial treatments for adult salt-marsh mosquito control. Florida Anti-Mosquito Association, Report of the 23rd annual meeting, March 1952, pp. 68-72.
3. Provost, M. W. The dispersal of *Aedes taeniorhynchus*. I. Preliminary studies. Mosquito News 12:174-190, Sept. 1952.



## BUREAU OF NARCOTICS

M. H. DOSS, Director

The Bureau is charged by law with the enforcement, control and regulation of the Uniform Narcotic Drug Law, State Drug and Sign Act (Pharmacy), the registration and enforcement of laws relating to physicians, osteopaths, naturopaths, chiropractors, chiropodists and masseurs. The bureau is also charged by the State Board of Health with guarding of the buildings, grounds and equipment of the central office in Jacksonville.

Personnel consists of seven narcotic inspectors, one on military leave at the present time, three uniformed guards, one relief guard, one chief clerk, one senior clerk and a sergeant of detectives assigned by the City of Jacksonville. District offices are located in Tampa, Tallahassee and Miami.

There has been a very encouraging decrease in the number of narcotic arrests over 1951. There have been no drug addicts found among teenagers in any of our schools or institutions of higher learning.

## SUMMARY OF ACTIVITIES

Total number open inspections .....	2,228
Total number investigations .....	885
Total number arrests .....	78
Total number violations corrected where no legal action was taken .....	22
Aggregate sentences imposed by the courts .....	
83 years, 4 months, 2 days .....	\$2,250.00
Aggregate fines imposed by the courts .....	
Total number defendants receiving probation, deferred, withheld or suspended sentences .....	25
Total number cases discharged or nolle prosequi by the courts .....	5
Total number narcotic addicts confined to State or Federal institutions for treatment .....	8
Total number cases resulting in an acquittal by jury .....	3
Total number miles driven .....	122,305
Total number of bonds estreated .....	\$ 1,000
Total number cars seized under Vehicle Seizure Act .....	3
Total number injunctions .....	3

UNIFORM NARCOTIC ACT  
(Chapter 398, Florida Statutes 1941)

Number arrests .....	73
Aggregate sentences imposed by the criminal courts .....	
78 years, 1 month, 2 days .....	\$1,000.00
Aggregate fines imposed by criminal courts .....	
Number persons receiving probation, deferred, withheld or suspended sentences .....	25
Number cases discharged or nolle prosequi by the courts .....	5
Number prosecutions resulting in an acquittal .....	3
Bonds estreated .....	\$1,000.00
Number cars seized .....	3
Number persons committed to State or Federal institutions for treatment .....	8

STATE DRUG AND SIGN ACT (Pharmacy)  
(Chapter 465, Florida Statutes 1941)

Number arrests .....	2
Aggregate fines imposed by criminal courts .....	\$ 250.00
Number drug stores or pharmacies registered for fiscal year 1952-53 .....	991
Number violations corrected where no legal action was taken .....	22
Aggregate sentences imposed by criminal courts .....	90 days

MEDICAL PRACTICE ACT  
(Chapter 458, Florida Statutes 1941)

Number arrests .....	3
Aggregate sentences imposed by the criminal courts .....	5 years
Aggregate fines imposed by the criminal courts .....	\$1,000.00
Number medical doctors (M.D.) registered .....	4,222
Number osteopathic doctors (D.O.) registered .....	441
Number naturopathic doctors (N.D.) registered .....	247
Number chiropractic doctors (D.C.) registered .....	474
Number masseurs registered .....	1,146
Number chiropodists registered .....	156
Number injunctions .....	3

## Recommendations:

1. That three additional two-way radios be installed in agents' cars.
2. That the narcotic act be amended to include all synthetic narcotics now under the Harrison Narcotic Act.



## DIVISION OF HEALTH INFORMATION

ELIZABETH REED, R.N., B.S., Director

The Division of Health Information is concerned with more than the upkeep of a film library, the distribution of an imposing array of health literature, or other recognized media in this field. To assist the County Health Departments with health education problems, to answer individual requests for information, to act as a liaison with other official and voluntary health organizations, and to constantly work for the dissemination of health information and its effective integration in health education programs is the aim of the entire staff. Among other duties is assisting in the editing of this Annual Report, as well as maintaining contacts with all teacher training institutions in the State.

## ART WORK:

The artist completed the following:

Poster graphs, 5; signs, 25; graphs, 15; layouts, 20; illustrations and line drawings, 34; framing (photostats of certificate), 10; posters, 10; layout designs of official State Board of Health pin, 7; stencil drawings, 10; letterhead, 1; cover designs, 5; maps, 7.

The preparation of ten issues of HEALTH NOTES included general layout, cropping of photos, the paste-up for the press run, and checking page proofs.

Reference material was furnished a free-lance artist in preparing layouts for a 12-page flip chart on hookworm.

Cooperation was given local artists in the production of 37 posters, demonstration charts, and illustrations for publications, since the staff artist is employed half-time only.

## BLOTTERS:

Several blotters were mailed during the year to all licensed physicians in the State. Each carried a message of particular interest to the Medical profession, and carried the motif used for these mailings of a stylized owl designated as "Dr. S. Q. Lapius."

## FILM LIBRARY:

An attempt was made in January 1951 to curtail film circulation by adopting new limiting regulations. However, in 1952 activity in the film library approached the level of 1950 before the regulations were put into effect. We feel that there is now a more equitable distribution of films to schools, county health departments, etc.

Film circulation and the percentage of increase over 1951 is as follows:

Number of films circulated	4,010— 9% increase
Number of times shown	10,815—10% increase
Number of persons in audience	707,010— 3% increase

The film *Preface to a Life* was televised over Station WTVJ—Miami on August 14 to an estimated audience of 360,000. Of that total number of films shipped 400 (10%) were returned without being used. We feel that many films requested are for preview purposes though that is not stated on their booking order blank. Frequently several films are ordered and only one is shown. One hundred and three films were returned on which no report was received. This is usually the result of carelessness. However, this is not a major problem since this number represents only two per cent of the total shown and would not materially alter the figure of the number of people who saw the films.

During the summer all films suspected of being obsolete and those known to be badly damaged were reviewed by the film librarian and professional and technical personnel in the bureaus and divisions. Those titles found to be obsolete (29) were removed from circulation. Approximately sixty prints were returned to the laboratories for inspection and repair. Thirteen of this number were found to be damaged beyond repair. Forty-three prints were repaired at a total cost of \$645.74. Seventeen new prints of titles already in circulation were purchased. This included those replaced because of damage, and also additional prints of popular titles. This does not include, however, new prints of old titles on tuberculosis supplied by the Florida Tuberculosis and Health Association.

During 1952, 42 prints of 28 new titles were added to the film library. In August a supplemental film list was printed. The film library now contains 213 titles and a total of 465 prints. New projection equipment (a 16mm sound projector and a combination slide projector) was purchased. Equipment is kept in repair and loaned to central office personnel. This activity takes quite a bit of time since many of them must be painstakingly instructed in the use of the various machines.

Plans for the future include a complete revision of the film catalog.

## HEALTH EDUCATORS:

G. Floyd Baker, health educator, returned from the University of Michigan in August 1953, having earned an M.P.H. degree. Over two months were spent in field work, visiting health educators in Michigan, Indiana, New York, North Carolina, South Carolina, and Georgia. Since returning to Florida, his major activities have been in helping to organize health councils as well as to accurately list those now in existence; to conduct a number of State Board of Health Orientation Programs; to developing a program for field experience in rural County Health Departments for 25 Turkish students at the University of Florida,



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and testing the Field Study Guide of the U. S. Children's Bureau on problems affecting children in critical defense areas, primarily in Okaloosa County.

### HEALTH NOTES:

The HEALTH NOTES mailing list was revised with the county health departments sending in many new names to replace those deleted from the files because of failure to return a post card notification mailed them in October 1951. Each day new requests are received from many diverse persons in the State, as well as from health organizations outside the State to be put on HEALTH NOTES mailing list. Approximately 11,000 persons receive it ten months a year. (It is not published in July and August). Subjects covered in 1952 included: mental health, tuberculosis, swimming pools, nutrition, dental health, resume of 1951 activities, safety, vital statistics, diabetes and county health departments. It is believed that this publication is widely read and generally approved.

### LIBRARY:

Lora-Frances Davis, Librarian

#### Circulation:

Figures for 1952 show continued growth in library usage. While the number of borrowers (731) are slightly lower than 1951 (744), the number of items circulated increased 15 per cent. Further analysis shows that in 1951 an average of 10.6 items were circulated per borrower, while in 1952 the average number of items circulated per borrower was 12.5. A detailed circulation study shows:

Regular Loans	BOOKS		Periodicals	Pamphlets and Reprints	Microfilms	Total
	Indefinite Loans					
1262	1321		6201	279	50	9113

#### Borrowers:

Individual—697 Group (Clinics, Bureaus, Divisions)—34 Total—731

In addition to this Library's holdings of about 16,000 volumes, its users have benefited by 115 interlibrary loans from eleven out-of-state libraries ranging in location from neighboring states to Massachusetts and Chicago, but the libraries bearing the burden of these loans were the Armed Forces Medical Library (Washington, D.C.) and the A. W. Calhoun Medical Library of Emory University (Atlanta, Georgia). Loans were also made by the Jacksonville Public Library and the University of Florida Libraries. Circulation was increased somewhat by extending to branch laboratories, guidance clinics, and entomological research projects, a service long valued by our state office personnel—routing of periodicals. Upon request medical or scientific journals are

## HEALTH INFORMATION 219

now routed to these groups so that they may see current articles in their special fields just as central office people do, with the exception that these out-of-town groups are last on the routing lists.

Every opportunity was taken to bring the Library to the attention of public health workers, and the Librarian participated in a number of group meetings including three of the Florida Public Health Association groups. The Library itself continued to serve as a place for meetings and programs, 67 being held there with several two or three-day sessions, many all-day meetings, and the average lasting a half-day. Programs varied from Civil Defense to Orientation, and those attending varied from the Jacksonville Junior Chamber of Commerce to the Field Technical Staff.

The *Monthly Bulletin of the Duval County Medical Society*, July 1952, listed the Library's new book purchases.

The collection of heart books loaned to the Miami Heart Association was received. It has now been supplemented with new titles, and plans are being made with the Director of the Division of Heart Disease Control, Dr. Simon D. Doff, (whose idea it was) to loan these books as a unit, complete with bookcase and display posters, to various hospitals in smaller communities where there is no medical library service.

### Reference and Bibliography

Reference questions answered in 1952 number 1354, and 98 bibliographies were prepared to assist in the writing of articles and speeches or the handling of public health or medical problems.

### Acquisitions and Cataloging

Special consideration was given to branch laboratories in purchasing, since only one of these branches (Miami) is located where medical library service is available. Consequently, most book purchases since July were for laboratory texts and manuals, and it is hoped that soon the branch laboratories will have small but good basic collections. Subscriptions to *Biological Abstracts, Section C.* were continued for them.

Subscriptions were also placed for the direct mailing of *Cancer Bulletin* to tumor clinics and at the end of the year there were 67 uncataloged purchases and several hundred uncatalogued gifts of books, annual reports, and symposia. The Library also had an accumulation of pamphlets and reprints requiring subject heading assignments before filing, and the ten 4-drawer pamphlet files need weeding before pamphlets can be added. This requires real discretion since many of the reprints are valuable even though old. For such technical work and the handling of order and subscription requests a professionally trained library assistant is needed.

### Gifts and Exchanges

Gifts from a number of individuals and libraries were received but the largest contributors were Riverside Hospital and the Florida Medical



Association. Other valuable gifts were in the rare book field. The Library already had a set of text books used in medical schools in the eighteen sixties, and a complete set of the *Medical and Surgical History of the War of the Rebellion*. A locked, glass-covered shelf area is needed for the safe keeping and proper storage of the Library's older volumes.

Missing numbers to some journals were obtained through the Medical Library Exchange so that the volumes could be bound. Through this same Exchange gifts of medical journals were sent to 95 libraries requesting them. Thirty cartons of medical journals were given to the University of Florida for use in the proposed medical center library.

#### Other Activities

In March in response to the health officer's request the Librarian visited the Leon County Health Department to catalog and arrange books and suggest titles for purchase.

Two lists were revised and sent to the county health departments, *Sources for Posters* and *Sources for Pamphlets and Radio Scripts*.

In May the Librarian was made a consultant, without honorarium, to the University of Florida Libraries. Later when the Commonwealth Fund made a grant for a Medical Center Planning Survey she was continued as a consultant and asked to submit plans and recommendations on the organization, size, and cost of the library that would be needed for a medical center at the University of Florida. In consequence the Librarian was sent to visit 26 medical libraries and the outstanding medical organizations in Chicago, Rochester (Minnesota), Minneapolis, Seattle, Portland (Oregon), San Francisco, Los Angeles, and New Orleans. On the basis of the information gained, she then wrote a combined trip report and library planning survey.

The Librarian was honored by the Medical Library Association which on the basis of her work awarded her a scholarship for a special 5-week postgraduate course in medical libraries given at Emory University.

#### MISCELLANEOUS:

Among the varied activities carried on by the Division were:

Assistance with the In-Service Training Center in Gainesville by teaching trainees methods of health education.

Assisted two county health departments in the preparation of an annual report.

Planned and carried out a successful audience participation program, complete with "Health Hit Parade" and "Health Quiz Program" for one afternoon meeting at the annual convention of the Florida Public Health Association.

Began compilation of news notes from health organizations in the State, both official and voluntary, into a bulletin called "The Florida

Health Intelligencer" which is mailed to all contributing agencies approximately once each six weeks.

Continued to orient foreign visitors and guests. These included professional personnel from Germany, Japan, Brazil, Siam, India, Turkey, etc.

Prepared a hookworm flip chart for possible duplication and sale to county health departments and other interested organizations.

Among the varied activities participated in by the director were: Talks on Public Relations at the New York and Massachusetts State Departments of Health; also, an appearance on the same subject at the New York Annual Health Conference.

Attended the American Public Health Association convention in Cleveland; the Blue Ridge Assembly for Southern Social Work Executives.

Participation in education workshops, preschool and postschool planning conferences, PTA programs on health, etc., as well as one week spent at the University of Florida summer session orienting students on elementary school health problems.

#### ORIENTATION:

Orientation Programs have continued to be given throughout the year, at approximately 8 week periods. New and old employees, county health department personnel, and persons from allied organizations have attended. Several special groups (social work students, sanitarian trainees, etc.) each received a special one-day orientation.

#### PAMPHLETS:

Several pamphlets were revised and one new one (Who Wants a Fine Healthy Baby) was printed. An effort was made to determine the approximate number of pamphlets distributed during a calendar year—over 125,000 in 1952. Great interest was evinced in literature on mental health and heart disease, as well as on the "old" subjects of preventable diseases, venereal disease, etc.

An effort was made to persuade county health departments and other health organizations desiring large quantities of literature to order free pamphlets direct from the sponsors, and to use that literature which must be paid for in a more restrained manner. Since the price of literature has risen steadily during the past few years, and the amount of money budgeted for this purpose has not, frequently packets of literature were distributed instead of dispensing them in large numbers.



**PRESS SECRETARY:**

The Press Secretary continued his activities in the fields of press and radio relations, writing and photography. A total of 54 general press releases were prepared and distributed to newspapers, radio stations, county health departments, and other organizations and individuals with an interest in the State's public health program. In addition, 157 special releases were prepared and released to one or more newspapers. Advance press releases were prepared for a number of institutes, seminars and similar meetings. On-the-spot news coverage was arranged for several of these events.

Photographs were made for illustrative purposes, such as Health Notes, annual reports, etc. A special picture-story of a mosquito research project on Sanibel Island near Fort Myers received state and national attention in the press and in technical publications. At year's end the press secretary was working with the Bureau of Dental Health to provide a weekly feature article on the value of proper dental care. Publicity assistance was provided a number of voluntary agencies in the public health field, including the Florida Tuberculosis and Health Association, the Florida Society for Crippled Children, the Florida Heart Association, the Florida Medical Technologists, the National Foundation for Infantile Paralysis, the Florida Polio Planning Committee, and the Florida Anti-Mosquito Association. In addition, the Press Secretary assisted in the writing of several issues of Health Notes. He served as technical advisor to county health department directors on methods for improving press and radio relations in a number of instances.

**PROBLEMS AND NEEDS:**

1. The Film Library can fill only about 50% of the requests that it receives. Many of the films are several years old and have been seen by numerous groups. There are new films on the market which could make a welcome addition to the Film Library—if there were sufficient funds budgeted.

2. The amount of health education that could be carried on via radio and televisions is incalculable. However, both media are expensive, especially the latter. It would be necessary to employ personnel—and money—in order to use them effectively.

3. Numerous requests are received from various agencies for exhibits. Budgetary restrictions do not permit the Division to construct them or to provide a health educator to assist groups in developing their own.

4. Much stimulation is needed to foster the establishment and growth of health councils. To carry out such a program would require more staff health educators, both on a state and local level.

**Articles by staff members:**

1. Davis, L. F. Out in front with public health. *Florida Libraries* 2:12-13, March 1952.

2. Geiger, J. C. Tips on using educational films. *Pub. Health Nursing* 44:435-438, Aug. 1952.
3. Reed, E. Hobbies pay in a professional way. *Pub. Health Nursing* 44:69-70, Feb. 1952.
4. Reed, E. O, would some power . . . . *Pub. Health Nursing* 44:672-673, Dec. 1952.
5. Reed, E. Unique orientation program. *American Journal of Nursing* 52:829-830. July 1952.



**PRESS SECRETARY:**

The Press Secretary continued his activities in the fields of press and radio relations, writing and photography. A total of 54 general press releases were prepared and distributed to newspapers, radio stations, county health departments, and other organizations and individuals with an interest in the State's public health program. In addition, 157 special releases were prepared and released to one or more newspapers. Advance press releases were prepared for a number of institutes, seminars and similar meetings. On-the-spot news coverage was arranged for several of these events.

Photographs were made for illustrative purposes, such as Health Notes, annual reports, etc. A special picture-story of a mosquito research project on Sanibel Island near Fort Myers received state and national attention in the press and in technical publications. At year's end the press secretary was working with the Bureau of Dental Health to provide a weekly feature article on the value of proper dental care. Publicity assistance was provided a number of voluntary agencies in the public health field, including the Florida Tuberculosis and Health Association, the Florida Society for Crippled Children, the Florida Heart Association, the Florida Medical Technologists, the National Foundation for Infantile Paralysis, the Florida Polio Planning Committee, and the Florida Anti-Mosquito Association. In addition, the Press Secretary assisted in the writing of several issues of Health Notes. He served as technical advisor to county health department directors on methods for improving press and radio relations in a number of instances.

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